FILED

10/2002 561-369-1010

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Jan 24, 2002 8:00 am Secretary of State K40953 DOCUMENT # 1. Entity Name NICHOLAS H. HAGOORT, JR., P.A. 01-24-2002 90202 027 ***150.00 Principal Place of Business Mailing Address 1901 SOUTH CONGRESS AVE. 1901 SOUTH CONGRESS AVE. WOOLBRIGHT CORPORATE CENTER, STE, 360 WOOLBRIGHT CORPORATE CENTER, STE. 360 **BOYNTON BEACH FL 33426 BOYNTON BEACH FL 33426** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0079265 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HAGOORT, NICHOLAS H., JR. Street Address (P.O. Box Number is Not Acceptable) 1901 S. CONGRESS AVE., SUITE 360 -BOYNTON BEACH FL 33426 City Zip Code 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE e it applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DPS TITLE ☐ Delete TITLE ☐ Change ☐ Addition HAGOORT, NICHOLAS H.,JR. NAME NAME 1901 SO. CONGRESS AVE. STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition HAGOORT, NICHOLAS H.,JR. NAME NAME 1901 SO. CONGRESS AVE. STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.