## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 18, 2002 8:00 am Secretary of State DOCUMENT # **N94000002880** 1. Entity Name 04-18-2002 90486 025 \*\*\*\*61.25 PALM BEACH ROADRUNNERS, INC. Mailing Address Principal Place of Business 388 S MILITARY TRAIL 388 S MILITARY TRAIL WEST PALM BEACH FL WEST PALM BEACH FL 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FÉI Number City & State City & State 65-0497413 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) **NURTZ, JOHN** 138 S MILITARY TRAIL EST PALM BEACH FL Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. Make Check Payable to 9. Election Campaign Financing **\$5.00** May Be FILE NOW: FEE IS \$61.25 Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE DP ☐ Delete TITLE NAME Kurtz. John D NAME STREET ADDRESS 388 SMILITARY TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Addition ☐ Change ☐ Delete TITLE DVP TITLE NAME HOFFMAN, ALLEN NAME STREET ADDRESS STREET ADDRESS 1610 SOUTHERN BLVD CITY-ST-ZIP CITY-ST-ZIP west palm beach fl - Addition ☐ Change TITLE DVP Delete TITLE NAME FOY, JAY NAME STREET ADORESS 1094 TRAILAWAY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West Palm Beach Fl ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with an other like ampowered.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

561-684-0550