

2001 UNIFORM BUSINESS REPORT (UBR)**FILED**
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90097 048 ***158.75

0301772

DOCUMENT # P98000098124

1. Entity Name

140 ASSOCIATES, INC.

Principal Place of Business

**111 E. BOCA RATON ROAD
BOCA RATON FL 33432**

Mailing Address

**111 E. BOCA RATON ROAD
BOCA RATON FL 33432**

2. Principal Place of Business

140 N. Federal Highway

3. Mailing Address

140 N. Federal HighwaySuite, Apt. #, etc.
Suite #200Suite, Apt. #, etc.
Suite # 200

City & State

Boca Raton, Florida

City & State

Boca Raton, Florida

Zip

33432

Country

USA

Zip

33432

Country

USA

4. FEI Number

65-0878223

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

DO NOT WRITE IN THIS SPACE

611703**6. Name and Address of Current Registered Agent****TALBOTT, GREGORY K****111 E. BOCA RATON ROAD
BOCA RATON FL 33432***140 N. Federal Hwy.
Suite 200
Boca Raton, FL 33432***7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐**FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00 May Be
Added to Fees****11. OFFICERS AND DIRECTORS**TITLE **P** ☐ Delete
NAME **TALBOTT, GREGORY K**
STREET ADDRESS **111 E. BOCA RATON ROAD**
CITY-ST-ZIP **BOCA RATON FL 33432**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS *140 N. Federal Hwy, Ste 200*
CITY-ST-ZIP *Boca Raton, FL 33432*TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*1-12-01**(561)
392-8525*

CR2E034 (10/00)