2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State
05-10-2001 90163 016 ***150.00

DOCUMENT # S61262

1. Entity Name
21ST CENTURY RESEARCH INSTITUTE, INC.

Principal Place of Business	Mailing Address
900 NORTH FEDERAL HWY SUITE 410 BOCA RATON FL 33432 US	900 NORTH FEDERAL HWY SUITE 410 BOCA RATON FL 33432 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
401 W Linton Blvd	401 W. Linton Blvd
Suite, Apt. #, etc.: Suite 300	Suite, Apt. #, etc.: Suite 300
City & State: Delray Beach, FL	City & State: Delray Beach, FL
Zip: 33444 Country: USA	Zip: 33444 Country: USA

4. FEI Number 65-0345314 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BROWN, KENNETH 900 N. FEDERAL HWY STE 410 BOCA RATON FL 33487	Name: Brown, Kenneth Street Address (P.O. Box Number is Not Acceptable): 401 W Linton Blvd Suite 300 City: Delray Beach FL Zip Code: 33444

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		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, KENNETH W. 900 N FEDERAL HWY BOCA RATON FL ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Brown, Kenneth 401 W Linton Blvd Delray Beach, FL 33444 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/00)

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 #