

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 08, 2000 8:00 am**  
**Secretary of State**

02-08-2000 90169 015 \*\*\*150.00

**DOCUMENT # P92000011495**

1. Entity Name

**4236 LAKE WORTH CORP.**

Principal Place of Business

**4236 LAKE WORTH ROAD  
 LAKE WORTH FL 33461  
 US**

Mailing Address

**600 SANDTREE DR  
 212  
 PALM BCH GARDENS FL 33403-1500  
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-0388766**

Applied For

Not Applied For

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MEISEL, KEITH W P.A.  
 712 US HWY ONE  
 STE 230  
 N PALM BCH FL 3408**

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, 2000 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	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>METZ, JOHN C</b>
STREET ADDRESS	<b>8008 S. FLAGLER COURT</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>MCDONALD, ROBERT</b>
STREET ADDRESS	<b>2701 S. FLAGLER DRIVE</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>
TITLE	<b>D</b> <input type="checkbox"/> Delete
NAME	<b>SQUIRES, RICHARD</b>
STREET ADDRESS	<b>4229 COCHRAN CHAPEL RD.</b>
CITY-ST-ZIP	<b>DALLAS TX</b>
TITLE	<input type="checkbox"/> Delete
NAME	
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CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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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)(l), 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 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 #