

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P92000011495

1. Entity Name

4236 LAKE WORTH CORP.

**FILED**  
**Apr 25, 2001 8:00 am**  
**Secretary of State**

04-25-2001 90018 014 \*\*\*150.00

Principal Place of Business

4236 LAKE WORTH ROAD  
LAKE WORTH FL 33461  
US

Mailing Address

600 SANDTREE DR  
212  
PALM BCH GARDENS FL 33408  
US

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

8895 N. Military Trail

Suite, Apt. #, etc.

Suite E-201

City & State

Palm Beach Gardens, FL

Zip

33410

Country

US

4. FEI Number

65-0388766

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

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 **D** ☐ Delete  
NAME **METZ, JOHN C**  
STREET ADDRESS **8008 S. FLAGLER COURT**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Delete  
NAME **MCDONALD, ROBERT**  
STREET ADDRESS **2701 S. FLAGLER DRIVE**  
CITY-ST-ZIP **WEST PALM BEACH FL**

TITLE **D** ☐ Delete  
NAME **SQUIRES, RICHARD**  
STREET ADDRESS **4229 COCHRAN CHAPEL RD.**  
CITY-ST-ZIP **DALLAS TX**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ 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 #

CR2E034 (10/00)