

**2001 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Aug 29, 2001 8:00 am**  
**Secretary of State**

08-29-2001 90003 050 \*\*\*550.00

**DOCUMENT # 167386**  
 1. Entity Name  
**ONE TWENTY FOUR, INC**

Principal Place of Business      Mailing Address  
**124 ISLE OF VENICE**      **124 ISLE OF VENICE**  
**FT LAUDERDALE FL 33301**      **FT LAUDERDALE FL 33301**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      **P O Box 1026**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State  
**New Albany IN**  
 Zip      Country      Zip      Country  
**47151-1026**      **US**

4. FEI Number      Applied For  
**59-1378809**      Not Applicable

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



DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**  
**WILKINS ENTERPRISES, LLC**  
**124 ISLE OF VENICE**  
**FT LAUDERDALE FL 33301**

**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 \$550.00**  
**After September 12, 2001 Fee will be \$750.00**  
**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	<b>V</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>KING, CORAL</b>	
STREET ADDRESS	<b>124 ISLE OF VENICE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>HESS, WERNER F.</b>	
STREET ADDRESS	<b>124 ISLE OF VENICE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>HESS, ELIZABETH</b>	
STREET ADDRESS	<b>124 ISLE OF VENICE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE	<b>PT</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>DINKO, PAUL</b>	
STREET ADDRESS	<b>124 ISLE OF VENICE</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	<b>President</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Larry C Wilkins</b>	
STREET ADDRESS	<b>124 Isle of Venice #2</b>	
CITY-ST-ZIP	<b>Ft Lauderdale FL 33301</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED      8/20/2001      812.948.0011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #

CR2E034 (5/01)