## **2001 UNIFORM BUSINESS REPORT (UBR)**

## May 11, 2001 8:00 am Secretary of State DOCUMENT # 334197 ALLMON, TIERNAN & ELY, INC. 05-11-2001 90028 046 \*\*\*150.00 Principal Place of Business Mailing Address 1177 GEORGE BUSH BLVD #101 1177 GEORGE BUSH BLVD #101 DELRAY BCH FL 33483 DELRAY BCH FL 33483 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1222302 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TIERNAN, W SCOTT Street Address (P.O. Box Number is Not Acceptable) 1177 GEORGE BUSH BLVD #101 DELRAY BCH FL 33483 City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check/Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Addition NAME ALLMON, DONALD NAME died STREET ADDRESS 1177 GEORGE BUSH BV #101 STREET ADDRESS CITY-ST-7IP **DELRAY BEACH FL 33483** CITY-ST-7IP TIT1,E ☐ Delete TITLE ☐ Change ☐ Addition NAME TIERNAN, W SCOTT STREET ADDRESS 1177 GEORGE BUSH BV #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33483 TITLE ☐ Delete TITLE Change Addition ELY, RANDOLPH T NAME NAME STREET ADDRESS 1177 GEORGE BUSH BV #101 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Change

Addition