## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Feb 13, 2001 8:00 am Secretary of State **DOCUMENT # 460223** 1. Entity Name CRARY, BUCHANAN, BOWDISH, BOVIE, BERES, NEGRON & 02-13-2001 90021 030 \*\*\*150.00 Principal Place of Business Mailing Address 555 COLORADO AVE. #1 555 COLORADO AVE. #1 P.O. DRAWER 24 P.O. DRAWER 24 STUART FL 34994 STUART FL 34994 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1548347 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6.-Name and Address of Current Registered Agent Name BUCHANAN, LARRY E. Street Address (P.O. Box Number is Not Acceptable) 555 COLORADO AVE. #1 STUART FL Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME BOWDISH, JAMES L S STREET ADDRESS STREET ADDRESS **471 NE TOWN TERRACE** CITY-ST-ZIP CITY-ST-ZIP <u>JENSEN</u> BEACH FL ☐ Addition Change Delete TITLE TITLE NAME BOVIE, GEORGE F III NAME STREET ADDRESS STREET ADDRESS 3515 SW ASPEN PLACE CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL Change. Addition ☐ Delete TITLE VD- - --TITLE NAME CRARY, WILLIAM F II NAME STREET ADDRESS STREET ADDRESS 3242 SE ASTOR LN L232 CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE PTD NAME BUCHANAN, LARRY E STREET ADDRESS STREET ADDRESS 1849 NW RIVER TRIAL CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE VSD NAME CRARY, LAWRENCE E. III NAME STREET ADDRESS STREET ADDRESS 3730 SW WOODBRIAR LN CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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.

Daytime Phon

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