2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2000 8:00 am DOCUMENT # 475531 Secretary of State A.B. DICK PRODUCTS COMPANY OF THE PALM BEACHES. 05-09-2000 90066 021 ***150.00 Mailing Address Principal Place of Business 2308 N. DIXIE HIGHWAY 2308 N. DIXIE HIGHWAY P.O.BOX 8068 P.O.BOX 8068 00000401 W. PALM BEACH FL 33407-0068 W. PAŁM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address 1408 N. Killian Drive 1408 N. Killian Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #103 #103 4. FEI Number City & State City & State 59-1579139 Not Applicable FL <u>Lake Park</u> Lake Park Zip 33403 Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 33403 USÁ -Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GEHR, RONALD C Street Address (P.O. Box Number is Not Acceptable) 1408 N. KILLIAN DRIVE, SUITE #103 2308 N DIXIE HIGHWAY W PALM BEACH, FL 33407 LAKE PARK 33403 8. The above named entity sug ts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 4/26/00 °£ SIGNATURE (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, 2000 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees Make Check Payable to Department of State (See criteria on back) A Top was at many week ·沙黎 "哈拉"杨克 "梦梅 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 👙 🖫 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete TITLE TITLE GERHR, RONALD C GEHR, RONALD C. NAME NAME 1408 N. KILLIAN DRIVE, SUITE #103 2308 N. DIXIE HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP W. PALM BEACH FL LAKE PARK, FL 33403* ☐ Addition Delete TITLE GEHR, SUE A NAME NAME 1408 N. KILLIAN DRIVE, SUITE #103 STREET ADDRESS STREET ADDRESS 2308 N DIXIE HWY CITY-ST-ZIP W PALM BEACH FL LAKE PARK, FL CITY-ST-ZIP TITLE ☐ Delēte TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ___ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 rustee 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 Daytime Phone