2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 597222

1. Entity Name

PAXTON, CROW, BRAGG, SMITH & NELSON, P.A.

FILED Jan 25, 2000 8:00 am Secretary of State

ANTON, OHOW, BIINGG, OHITH & NEEDON, 1970					01-25-2000 90105 020 ***150.00			
Principal Place of Business		Mailing Address						
1615 FORUM PLACE		1615 FORUM PLACE						
STE. 500 WEST PALM BEACH FL 39401		STE. 500 WEST PALM BEACH FL 33401-2318		Ţ		DI.	UUU7.	.31
WEST PALM BE	ACH FL 334UI	WEST PALM DEACH FL 3340	11-2310					
2 Principal D	long of Business	3. Mailing Address						<u>. 1 1 1 1 1 1 1 1 1 1 </u>
2. Principal Place of Business		3. Mailing Address			(188)	<u> </u>	()	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WE	ITE IN THIS	SPACE	
					<u> </u>			
City & State		City & State		4. f	4. FE! Number 59-1866203			opplied For lot Agridia
Zip Country		Zip Country			\$9.75 A			
e.p	Journa, 1		002	5. (Certificate of Status Desired		Fee Requir	
	6. Name and Address of Current	Registered Agent			lame and Address of New	Registered /	Agent	
}			Name	•				
	e, domenick r.		Street Ad	Street Address (P.O. Box Number is Not Acc		le)		
	PALM BEACH LAKES BLVD.		-					
	1200							
MES	T PALM BCH. FL 33401		City			FL	Zip Co	eb
9 The above	named entity submits this statement for	the purpose of changing its r	egistared office or	registered an	ent, or both, in the State of F		<u>'</u>	
o. The above	riamed entity subtritis this statement for	the purpose of changing its h	egistered office or	registered ag	ent, or both, in the otate of t	iorida.		
SIGNATURE _								
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable (NOTE:	Registered Agent signatu	ire required when re	instating)	DATE		
9. This corpo	ration is eligible to satisfy its Intangible	FILE NOW!!!	FEE IS \$150.0	00	10 Floation Compaign F	inanaina		
Tax filing re	equirement and elects to do so.	After MAY 1, 200	0 Fee will be \$5	50.00	10. Election Campaign F Trust Fund Contribut			DO May Be
(See criter	ia on back)	Make Check Payable	to Department					
11.	OFFICERS AND I		12.	AD	DITIONS/CHANGES TO OF	FICERS AND		
TITLE	VP	Delete	TITLE				☐ Change	☐ Additio
NAME STREET ADDRESS	BRAGG, MORGAN S. 3425 BUCKINGHAMMOCK		NAME STREET ADDRESS					
CITY-ST-ZIP	VREO BEACH FL		CITY-ST-ZIP					
TITLE	ST	☐ Delete	TITLE				Change	Additio
NAME	SMITH, CLARK W.	-	NAME	1				
STREET ADDRESS	194 THORNTON DRIVE		STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP					
TITLE	P DAIMD E	Delete	, TITLE	VICE	PRES IDENT		M-Change	Additio
NAME STREET ADDRESS	CROW, DAVID F. 120 E HAMPTON WAY		NAME STREET ADDRESS					
CITY-ST-ZIP	JUPITER FL		CITY-ST-ZIP	1				
TITLE	SEC	☐ Delete	TITLE	PRESID	ENT		Change	Additio
NAME	NELSON, MICHELE I		NAME					
STREET ADDRESS	194 THORNTON DR		STREET ADDRESS					
CITY-ST-ZIP	PALM BEACH GARDENS FL		CITY-ST-ZIP	 				
TITLE	SECRETARY	☐ Delete	TITLE	SECRE			Change	Additio
NAME STREET ADDRESS	Bosso-PARDO, SAND	RA	NAME STREET ADDRESS		A BOSSO-PARDO			
CITY-ST-ZIP			CITY-ST-ZIP	Point 1	SEAGRAPE WAY <u>SEACH GARDEN</u>	CEL 3	au i e	
TITLE		Delete	TITLE	rnut) C	SCHOOL BUCTEN	<u>, </u>	☐ Change	 Additio
NAME		<u> </u>	NAME					
STREET ADDRESS			STREET ADDRESS					
CITY-ST-ZIP			CITY-ST-ZIP					
13. I hereby o	ertify that the information supplied with on this report or supplemental report is	this filing does not qualify for t	he exemption stat	ed in Section	119.07(3)(i), Florida Statutes	. I further cer	tify that the	information or director

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

1/18/02

(561) 684-2121

рауште гноле #