## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

## **FILED DOCUMENT # 601911** Mar 02, 2000 8:00 am 1. Entity Name **Secretary of State** ATKINSON, DINER, STONE, MANKUTA & PLOUCHA, P.A. 03-02-2000 90114 041 \*\*\*150.00 Principal Place of Business Mailing Address 1946 TYLER ST 1946 TYLER ST HOLLYWOOD FL 33020 HOLLYWOOD FL 33020-4517 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1285529 Not Applicable Zip Country 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 ATKINSON, WILSON C. III Street Address (P.O. Box Number is Not Acceptable) 1946 TYLER ST HOLLYWOOD FL 33020 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change Addition Addition TITLE ۷D ☐ Delete NAME NAME PLOUCHA, LAWRENCE M STREET ADDRESS STREET ADDRESS 1946 TYLER STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL 33020 ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME ATKINSON, WILSON C. III STREET ADDRESS STREET ADDRESS 1946 TYLER STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DINER, JESSE H STREET ADDRESS STREET ADDRESS 1946 TYLER STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD FL X Addition ☐ Delete TITLE TITLE NAME NAME STONE, ADELE\_I. STREET ADORESS STREET ADDRESS 1946 TYLER STREET CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, TITLE ☐ Change Addition TITLE ☐ Delete 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 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 of 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.