## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED **DOCUMENT # 613336** Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** IDEAL PUBLICATIONS OF BOYNTON BEACH, INC. 01-20-2000 90124 035 \*\*\*150.00 Principal Place of Business Mailing Address 1848 N FEDERAL HWY (33435) 1848 N FEDERAL HWY (33435) P O BOX 141 P O BOX 141 **BOYNTON BEACH FL 33435** BOYNTON BEACH FL 33435-2833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1886794 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WOOLLEY, THOMAS J JR. Street Address (P.O. Box Number is Not Acceptable) 639 E. OCEAN AVE., SUITE 408 **BOYNTON BEACH FL 33435** 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) 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. OCK CIMER ☐ Change ☐ Addition TITLE TITLE Delete KOHL, RICHARD G NAME NAME STREET ADDRESS 1848 N. PEDERAL HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Addition ☐ Delete ☐ Change TITI F GOLDSON, WILLIAM R NAME NAME STREET ADDRESS STREET ADDRESS 1848 N. FEDERAL HWY. CITY-ST-7IP CITY-ST-ZIP **BOYNTON BEACH FL 33435** TITLE ☐ Change Addition ☐ Delete TITLE GOLDSON, WILLIAM R NAME NAME 1848 N. FEDERAL HWY. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Addition ☐ Change TITLE ☐ Delete TITLE KAHN, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS 1848 NORTH FEDERAL HIGHWAY CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33435** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE:

SIGNATURE AND TYPED OR MINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/14/00 (3d) 732-0939