2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 651320** Jan 12, 2000 8:00 am 1. Entity Name **Secretary of State** KARL LITTEN, INC. 01-12-2000 90078 045 ***150.00 Principal Place of Business Mailing Address KARL LITTEN-NANCY LITTEN KARL LITTEN-NANCY LITTEN 6557 SUN RIVER ROAD 6557 SUN RIVER ROAD BOYNTON BEACH FL 33437-6027 **BOYNTON BEACH FL 33437** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-1937123 Not Applicable Country Zip Country \Box . 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Karl Litten LITTEN, KARL Street Address (P.O. Box Number is Not Acceptable) 6557 Sun River Road 4722 NW BOCA RATON BOULEVARD, C-106 BOCA RATON FL 33431-1873 City 33437-6027 Boynton Beach statemen for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity 1-5-2000 Karl Litten, President Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 \Box 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change Delete TITLE TITLE President & Director NAME LITTEN, KARL NAME Karl Litten STREET ADDRESS 4722 NW BOCA RATON BLVD. STREET ADDRESS 6557 Sun River Road CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** Boynton Beach, Fl 33437-602 Change ☐ Addition ☐ Delete TITLE Secretary/Treasurer TITLE LITTEN, NANCY NAME NAME Nancy Litten STREET ADDRESS STREET ADDRESS 4722 NW BOCA RATON BLVD. 6557 Sun River Road CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Boynton Beach, F1 33437-6027 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 n all other like empowered.

(Karl [Litten

(561) 369-0764

Daytime Phone #

1-5-00