## 2000 UNIFORM BUSINESS REPORT (UBR)

## Feb 08, 2000 8:00 am Secretary of State **DOCUMENT # 665553** BOYCE F. EZELL, III, P.A. 02-08-2000 90094 001 \*\*\*300.00 Principal Place of Business Mailing Address 4675 PONCE DE LEON 4675 PONCE DE LEON STE 305 STE 305 CORAL GABLES FL 33146 CORAL GABLES FL 33146-2113 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1983454 Not Applicable Country Zip Zip \$8.75 Additional Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EZELL, BOYCE F III Street Address (P.O. Box Number is Not Acceptable) 4675 PONCE DE LEON **STE 305 CORAL GABLES FL 33146** Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (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. 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. ☐ Delete ☐ Change Addition TITLE EZELL, BOYCE F III NAME NAME STREET ADDRESS 4675 PONCE DE LEON #305 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33146 ☐ Change Addition TITLE ☐ Delete 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 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 Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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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 trustee empowered to execute this report as report by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE: SIGNATURE AND TO PED OR PRINTED NAME OF SIGNING OF PICE OR DIRECTOR

changed, or on an attachment with an address, with all other like empower

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**FILED**