2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # 758673** 1. Entity Name FULL CIRCLE CO-OP, INC.

FILED May 05, 2000 8:00 am Secretary of State 05-05-2000 90010 022 ****61.25

rincipal Plac	e of Business							
6 NW 6TH AVE OCA RATON FL 33432		4563 BRADY BLVD. DELRAY BCH FL 33445-3244 US						
. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE	E IN THIS SPA	ACE	
Suite, Apt.	#, etc.	Suite, Apr. #, etc.				- 114 11 110 017		
City & State	е	City & State		4. FEI Number	NOT APPLICA	ARIF		plied For
Zip	Country	Zip	Country			•	B.75 Add	t Applicable
ΖIÞ	Journal	ειμ ^ν	Cooling	5. Certificate of	Status Desired		e Require	
	6. Name and Address of Current	Registered Agent		7. Name and A	ddress of New Re	gistered Ag	ent	
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RAIMAN, I			Street Addre	ess (P.O. Box Number i	s Not Acceptable)			
4563 BRA			·	1				
DELRAY B	BEACH FL 33445-3244		City				Zip Cod	<u> </u>
						FL_		
. The above	named entity submits this statement fo	or the purpose of changing its	registered office or reg	istered agent, or both,	in the state of Flori	ida.		
IGNATURE .								
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	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E: Registered Agent signature re	quired when reinstating)		DATE		
	Signature, typed or printed name of registered agent	and title if applicable. (NOT)	E Registered Agent signature re	quired when reinstating)		DATE		·
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9			n Financing					•
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indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that it am an officer of director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.