2002 Uniform Business Report (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF

Apr 10, 2002 8:00 am F01000000067 DOCUMENT # **Secretary of State** 1. Entity Name SCRIPTRY DELAWARE. INC 04-10-2002 90449 034 ***150 00 Principal Place of Business 148 SUNSET BAY DRIVE 148 SUNSET BAY DRIVE 00004364 PALM BEACH GARDENS FL 33401 PALM BEACH GARDENS FL 33401 2. Principal Place of Business 3. Mailing Address 809 NO. 809 NO. DHIE HUX Suite, Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 200 4. FEI Number 2271639 City & State City & State Applied For Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ANGELL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE NORTH CLEMATIS STREET SUITE 400 WEST PALM BEACH FL 33401-0000 City Zin Code 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) DATE 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Addition WHEELER, DOUGLAS NAME NAME 1002 SOUTH OCEAN BLVD. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33483 CITY-ST-ZIP CITY-ST-ZIP TIT1 F ☐ Delete 5D TIT! F Change ☐ Addition NAME LABOSSIER, LARRY L NAME LABOSSIER, LARRY L. 148 SUNSET BEY DRIVE 148 SUNSET BAY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33401 CITY-ST-ZIP TITLE TD Defete * राम ह≍= HOEING, MARK 31 W. 52 M STREET, 26TH HOOR NAME WILLETT, ALAN STREET ADDRESS 1833 218TH PLACE N.E. STREET ADDRESS CITY-ST-ZIP SAMMAMISH WA 94074 CITY-ST-ZIP TITLE D ☐ Delete ☐ Change Addition CARVER, JOHN W JR. NAME WARNER, STEVEN ONE NO! CLEMATUS STREET, SVITE 500 STREET ADDRESS 2214 NORTH CLEAR SPRING DRIVE STREET ADDRESS CITY-ST-ZIP IRVING TX 75063 CITY-ST-ZIP TITLE ☐ Delete TITLE COOK, VICTOR III NAME NAME 5MITH, DOUL 1010 BUCIDA ROAD STREET ADDRESS 140 PAMELA LANE STREET ADDRESS **WEST PALM BEACH FL 33405** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 expowered to execute his 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.