## **2000 UNIFORM BUSINESS REPORT (UBR) FILED** Mar 15, 2000 8:00 am Secretary of State DOCUMENT # F01241 1. Entity Name DAVID M. FLETT AND ASSOCIATES, INC. 03-15-2000 90051 012 \*\*\*150.00 Principal Place of Business Mailing Address 4825 PEPPER BUSH LANE 4825 PEPPER BUSH LANE **BOYNTON BEACH FL 33436** BOYNTON BEACH FL 33436-7335 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 59-2044660 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLETT, DAVID M. Street Address (P.O. Box Number is Not Acceptable) **4825 PEPPER BUSH LANE BOYNTON BEACH FL 33436** City Zip 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 DATE 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 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 11. OFFICERS AND DIRECTORS PDT TITLE ☐ Change ☐ Addition TITLE ☐ Delete FLETT, DAVID M NAME NAME **4825 PEPPER BUSH LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **BOYNTON BEACH FL 33436** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SEYMOUR-FLETT, KAREN NAME 4825 PEPPER BUSH LANE STREET ADDRESS STREET ADDRESS CITY - ST - ZIF BOYNTON, BEACH FL 33436 CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE SEYMOUR, MARK W., JR. NAME NAME 4825 PEPPER BUSH LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete 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-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ges not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing

empowered.

MITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

indicated on this report or supplemental report of the corporation or the receiver or trustee en

changed, or on an attachmen