FILED

## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Feb 05, 2001 8:00 am Secretary of State **DOCUMENT # F60158** 1. Entity Name RICHARD G. GREENAWALT, C.P.A., P.A. 02-05-2001 90062 005 \*\*\*150.00 Principal Place of Business Mailing Address H<del>761-W. HILLSBORD BLVD. STE 40</del>3 1701 W. HILLSBORD BLVD: STE 103 DEERFIELD\_DCH: PL 93442 DEERFIELD BOH. FL 63442 2. Principal Place of Business 3. Mailing Address 5841 S.W. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2145532 LANTA TION Not Applicable Zip 33317 3331° \$8.75 Additional 5. Certificate of Status Desired USA 45 A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Greenawalt, Richard G. Street Address (P.O. Box Number is Not Acceptable) 1761-W HILLSBORO BLVD, STE 403 DEFREIELD BCH, FL 33442 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. 01-30-2001 umawa **SIGNATURE** (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 12. PD TITLE ☐ Delete TITLE Change . NAME GREENAWALT, RICHARD G NAME 5841 5.W. 17 #ST PLANTATION FL. 33317 1761 W HILLSBORO BLV#403 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 enhowered to execute this 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 appropriate with all other like impowered.