

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**

04-17-2000 90094 031 \*\*\*150.00

**DOCUMENT # F99000000162**

1. Entity Name

**STOCK VALUE 1, INC.**

Principal Place of Business

Mailing Address

1100 PARK CENTRAL BLVD SOUTH, SUITE 1100  
 POMPANO BEACH FL 33064

1100 PARK CENTRAL BLVD SOUTH, SUITE 1100  
 POMPANO BEACH FL 33064-3548

2. Principal Place of Business

3. Mailing Address

100 E SAMPLE RD  
 Suite, Apt. #, etc.  
 100

100 E. SAMPLE ROAD  
 Suite, Apt. #, etc.  
 100

City & State

City & State

POMPANO BEACH, FL

POMPANO BEACH, FL

Zip  
 33064

Country  
 BROWARD

Zip  
 33064

Country  
 BROWARD

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SOLLINGER, NEIL D  
 1100 PARK CENTRAL BLVD SOUTH, SUITE 1100  
 POMPANO BEACH FL 33064

Name

Street Address (P.O. Box Number is Not Acceptable)  
 100 E SAMPLE ROAD #100

City  
 POMPANO BEACH

FL

Zip Code  
 33064

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]*  
 Signature, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4/11/00

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00 May Be  
 Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME PSD  
 STREET ADDRESS BROCKHUME, RICHARD  
 CITY-ST-ZIP 1100 PARK CENTRAL BLVD SOUTH, SUITE 1100  
 POMPANO BEACH FL 33064

TITLE ☒ Change ☐ Addition  
 NAME 100 E SAMPLE ROAD #100  
 STREET ADDRESS POMPANO BEACH, FL 33064  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME XC  
 STREET ADDRESS SOLLINGER, NEIL D  
 CITY-ST-ZIP 1100 PARK CENTRAL BLVD SOUTH, SUITE 1100  
 POMPANO BEACH FL 33064

TITLE ☒ Change ☐ Addition  
 NAME C  
 STREET ADDRESS 100 E SAMPLE ROAD #100  
 CITY-ST-ZIP POMPANO BEACH, FL 33064

TITLE ☐ Delete  
 NAME TREASURER  
 STREET ADDRESS RUSS T. LENTOL  
 CITY-ST-ZIP 100 E. SAMPLE RD, SUITE 100  
 POMPANO BEACH, FL 33064

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Change ☐ Addition  
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 STREET ADDRESS  
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TITLE ☐ Delete  
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 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 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 empowered 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 address, with all other like empowered.

SIGNATURE *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/18/00

954785-6500

CR2E034 (9/99)