

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90580 011 ***158.75

DOCUMENT # F99000000162

1. Entity Name

STOCK VALUE 1, INC.

Principal Place of Business

100 E. SAMPLE RD
#100
POMPANO BEACH FL 33064

Mailing Address

100 E. SAMPLE RD
#100
POMPANO BEACH FL 33064

2. Principal Place of Business

1600 S DIXIE HIGHWAY

3. Mailing Address

1600 S DIXIE HIGHWAY

Suite, Apt. #, etc.

400

Suite, Apt. #, etc.

400

City & State

BOCA RATON, FL

City & State

BOCA RATON, FL

Zip

Country

33432

US

Zip

Country

33432

US



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0884385

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SOLLINGER, NEIL D
100 E. SAMPLE RD
STE100
POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1600 S DIXIE STE 400

City

BOCA RATON

FL

Zip Code

33432

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, word or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2001 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

TITLE PSD ☐ Delete
NAME BROCKHUME, RICHARD
STREET ADDRESS 100 E. SAMPLE RD #100
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE C ☐ Delete
NAME SOLLINGER, NEIL D
STREET ADDRESS 100 E. SAMPLE RD #100
CITY-ST-ZIP POMPANO BEACH FL 33064

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

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☒ Change ☐ Addition
NAME BROCKHUME, RICHARD
STREET ADDRESS 1600 S DIXIE HIGHWAY SUITE 400
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☒ Change ☐ Addition
NAME SOLLINGER, NEIL D
STREET ADDRESS 1600 S DIXIE HIGHWAY SUITE 400
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☒ Change ☐ Addition
NAME LENTOL, RUSS T
STREET ADDRESS 1600 S DIXIE HIGHWAY SUITE 400
CITY-ST-ZIP BOCA RATON, FL 33432

TITLE ☐ Change ☒ Addition
NAME DEBRA L JENKINS
STREET ADDRESS 6161 NW 2 AVE #415
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ Change ☒ Addition
NAME LESLIE SOLLINGER
STREET ADDRESS 2923 SPANISH TRAIL
CITY-ST-ZIP DELRAY BEACH, FL 33483

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 AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)