2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G53977

1. Entity Name

Principal Place of Bu	isiness	Mailing Address				
7535 enterprise dr Bay 65 Riviera Beach fl 33404		10088 DAISY AVE. PALM BEACH GARDENS FL 33410-4723				
2. Principal Place of	E DR FL 33404 De of Business	3. Mailing Address				
Suite, Apt. #, etc.		Suite, Apt. #, etc.				
Suite, Apt. #, etc.		Suite, Apt. #, etc. City & State				

FILED May 03, 2000 8:00 am Secretary of State 05-03-2000 90077 041 ***150.00



2. Principal Place of Business			3. Mailing Address Suite, Apt. #, etc. City & State			7	13 1999 10 19 5 11 0 4 1310 14 1 191 130 1 11 5 1310 1				
Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE									
City & State						5U-2318448				oplied For ot Applicable	
Zip Country Zip			Count	Country		ficate of Status Des		\$8.75 Add	ditional		
6. Name and Address of Current Registered Agent						7. Nam	e and Address of N	lew Registered A	gent		
			<u> </u>		Name						
KLOECKNER, BLAINE 10088 DAISY AVE. PALM BEACH GARDENS FL 33410				- ; -	Street Address (P.O. Box Number is Not Acceptable)						
				}	City	-		FL	Zip Cod	e	
8. The above	named entity subm	ts this statement for t	he purpose of changing	its registere	d office or registe	ered agent,	or both, in the State	of Florida.			
SIGNATURE _	Signature, typed or printed	name of registered agent and	title if applicable (N	OTE: Registered	Agent signature require	id when reinstat	ing)	DATE			
_			After MAY 1,	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of Sta			Election Campai Trust Fund Contr			May Be	
11.		OFFICERS AND D	IRECTORS	12.		ADDIT	IONS/CHANGES TO	OFFICERS AND	DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KLOECKNER, B 10088 DAISY A' PALM BEACH G		☐ Delete		T ADDRESS ST-ZIP		_		Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KLOECKNER, B 10088 DAISY A' PALM BEACH (□ Delete		T ADDRESS ST-ZIP				☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KLOECKNER, A 10088 DAISY A	LVIN	☐ Delete		T ADDRESS ST-ZIP			_ • • •	Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KLOECKNER, J 10088 DAISY A	DYCE	☐ Delete		T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	THE POWER		☐ Delete		T ADDRESS ST-ZIP				Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		-	☐ Delete	TITLE NAME STREE CITY-	I ADDRESS				Change	Addition	

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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR