2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J32410** Jun 29, 2000 8:00 am **Secretary of State** KENNETH W. HITEMAN, INC. 06-29-2000 90633 040 ***150.00 Principal Place of Business Mailing Address 239A COMMERCIAL BLVD. 239 A COMMERCIAL BLVD. #205 FT LAUDERDALE FL 33308 FT. LAUDERDALE FL 33305-1889 2. Principal Place of Business 3. Mailing Address 2700 NE 2200 NE Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 6 A City & State 4. FEI Number Applied For City & State 59-2747383 LAUden LAUCHAN Not Applicable \$8.75 Additional 5. Certificate of Status Desired П 33305 Fee Required 733 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HITEMAN, KENNETH W. Street Address (P.O. Box Number is Not Acceptable) 2200 NE 33 AVE #6A FT LAUDERDALE FL 33305 8. The above named entity submits this statement for the purpose of changing its registered office or registered ager SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. Addition Delete TITLE T/T/ F HITEMAN, KENNETH W. NAME NAME STREET ADDRESS 2200 NE 33 AVE #6A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33305 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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-ZIP 13. I hereby certify that the information supplied with this filling 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.