2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2000 8:00 am Secretary of State **DOCUMENT #. J33319** 1. Entity Name OCTAGON CORP. 03-31-2000 90105 041 ***150.00 Principal Place of Business Mailing Address 301 CLEMATIS STREET 301 CLEMATIS STREET SUITE 204 SUITE 204 WEST PALM BEACH FL 33401-4601 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2743883 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GSCHWEND, RALF Street Address (P.O. Box Number is Not Acceptable) 301 CLEMATIS STR SUITE 204 WEST PALM BEACH FL 33401 City Zip Code 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, typed or printed name of registered agent and tipe if applicable. (NOTE, Registered Agent aignature required when reinstating) 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 11. 12. **PSD** Dalete ☐ Change ■ Addition CR2E034 (9/99) TITLE UDE GSCHWEND, RALF NAME NAME STREET ADDRESS 301 CLEMATIS STREET, SUITE 3000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL Delete INTLE ☐ Change Addition une NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Adoition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP ☐ Change Addition ☐ Delete TITLE NAME 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 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 suppowered. SIGNATURE: . Daytime Phone