

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 22, 2002 8:00 am
Secretary of State

04-22-2002 90134 043 ***150.00

DOCUMENT # J33319**1. Entity Name**
OCTAGON CORP.**Principal Place of Business**
301 CLEMATIS STREET
SUITE 300
WEST PALM BEACH FL 33401
US**Mailing Address**
301 CLEMATIS STREET
SUITE 300
WEST PALM BEACH FL 33401
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **59-2743883**Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired. ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent**GSCHWEND, RALF**
301 CLEMATIS STR
SUITE 300
WEST PALM BEACH FL 33401**7. Name and Address of New Registered Agent**

Name

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

City

FL

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** _____
Signature, typed 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, 2002 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**

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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSD GSCHWEND, RALF 301 CLEMATIS STREET, SUITE 3000 WEST PALM BEACH FL | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SVP GORE, ELIZABETH S 301 CLEMATIS ST SUITE 3000 WEST PALM BEACH FL 33401 | <input type="checkbox"/> Delete |
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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:** *Elizabeth S. Gore*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-11-02 5018324732

CR2E034 (9/01)