## **FILED 2001 UNIFORM BUSINESS REPORT (UBR)** Jan 24, 2001 8:00 am Secretary of State **DOCUMENT # J97769** 1. Entity Name CARMAN, BEAUCHAMP, SANG & TOPKIN, P.A. 01-24-2001 90041 037 \*\*\*150.00 Mailing Address Principal Place of Business C/O DEBORAH A. CARMAN C/O DEBORAH A. CARMAN 600 W. HILLSBORO BLVD.. SUITE 400 TABA (909 600 W. HILLSBORO BLVD. SUITE 400 DEERFIELD BGH. FL 33441 DEERFIELD BCH. PL 33441 2. Principal Place of Business 3. Mailing Address 3335 NW BocaRatm Bloo DO NOT WRITE IN THIS SPACE Boca Rutu Applied For City & State City & State 4. FEI Number 59-2852642 33431 Not Applicable 33431 \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARMAN, KENNETH P. Street Address (P.O. Box Number is Not Acceptable) 800 W. HILLSBORD BLVD - 3335 NW Boca Faton SUITE 400 --Buca Raton, FL Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust:Fund Contribution. Added to Fees $\Box$ Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE CARMAN, KENNETH P NAME 600 W. HILLSBORD, SUITE 400 3335NW BOCA 7 CHETADORBIVA STREET ADDRESS CITY-ST-ZIP DEERFIELD-BEACH FL Change ☐ Addition ☐ Delete TITLE 3335 NW BOKA 7 AME Blue BEAUCHAMP, J. FRANK III NAME STREET ADDRESS 600 W. HILLSBORO BLVD.: SUITE STREET ADDRESS CITY-ST-ZIP Boca Ration, FL 33 DEERFIELD BEACH FL ☐ Addition 🚅 🛶 🖳 Change TITLE SANG. ALLEN C NAME 600 W. HILLSBORO BLVD., SUITE 400 3335 Nい Boc STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL ☐ Addition ☐ Change TITLE ☐ Delete TOPKIN. SANFORD R NAME 600 W HILLSBORD SUITE 6400 3335NW BOCG TO STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 trustife 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 applicate with all pother like ampowered.

NOTYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE:

SIGNATORE