2000 UNIFORM BUSINESS REPORT (UBR)

8/3/00-90035-017-\$150.00-\$150.00



| DOCUMENT # KO1731 1. Entity Name S." & J. OF PALM BEACH, INC. | | | | | | FILED | | | | |
|---|---|--|-----------------------------------|------------------|---|--|-----------------------|---------------------------|-----------------------------|------------|
| Principal Place of Business 4175 S. CONGRESS AVE LAKE WORTH FL 33461 2. Principal Place of Business | | Mailing Address 4175 S. CONGRESS AVE LAKE WORTH FL 33461 3. Mailing Address | | | OO SEP 18 AM 9: 21 SECRETARY OF STATE TALL AND THE TALL | | | | | |
| | | | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | | 4. | FEI Number 65-00 | 13842 | | oplied For ot Applicable | } |
| Zip Country | | Zip | Countr | у | 5. | Certificate of Status Desir | ed [] | \$8.75 Add Fee Require | | |
| | 6. Name and Address of Curren | Registered Agent | | Name | 7. | Name and Address of N | w Registered | Agent | | ┨ |
| JULIE R. WARNER & SCOTT E. WARNER 4175 S. CONGRESS AVE LAKE WORTH FL 33461 | | | - - | | Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | - | City | | | FL | Zip Cod | lė | 1 |
| SIGNATURE Signature, typed or printed name of registered agent and trie of applicable. (NOTE: 1. This corporation is eligible to satisfy its intangible Tax filling requirement and elects to do so. (See criteria on back) After SEPTEMBER 13, Make Check Payable | | | | lin. Will be | \$750.00 | 10 Floriton Compain | | | O May Be | |
| 11. | OFFICERS AND | | 12. | | Ā | DDITIONS/CHANGES TO | OFFICERS AND | DIRECTOR | S IN 11 | ١. |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | WARNER, JULIE R. 4175 S. CONGRESS AVE LAKE WORTH FL | □ Delete | TITLE NAME STREET CITY-S | address 1-zip | | | | ☐ Change | ☐ Addilion | 00,000,000 |
| TITLE NAME STREET ADDRESS CITY-ST-2IP | D Warner, Scott E. 4175 S. Congress ave Lake Worth Fl. | ☐ Delete | TITLE NAME STREET CITY-S | address T-zip | | | | ☐ Change | Addition | { |
| TITLE NAME STREET ADDRESS | | ☐ Oelete | TITLE NAME_ STREET | ADDRESS | | | - | ☐ Change | Addition | |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE | T-ZIP : | • • • | en e | - Josephan Marie Land | Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME | ADDRESS | | | | Change . | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | artify that the information expedied with | Delete | CITY-ST | adoress - ZIP | | 140 07(0V) Flyida Onta | , | Change | Addition | |

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:

SIGNATURE REQUIRED

Date



Subject SEJ OF PACMBAIN

Merera & K 01731

To whom it May Cencern

Please be advised I am requestry that
Consideration being given to dropping the late Lee of

400 or and processing run Corporate files for 150 or

I merce received the initial stailing of

the notice in January and was not aware of

this until notifiedly our desountant. At that

Time I forwarded the Charl which was obviourly late.

If you check our past history we here always

filed in a timely matriner and have serie had this

problem. I appreciate your hely in this residence

and hope for a farmace reply.

Hank your Scotte Warne