2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K30526 Apr 05, 2000 8:00 am Secretary of State HILLIER & ASSOCIATES, P.A. 04-05-2000 90100 020 ***150.00 Mailing Address Principal Place of Business % DENNIS W. HILLIER % DENNIS W. HILLIER 4800 N. FEDERAL HWY., SUITE 300B 4800 N. FEDERAL HWY., SUITE 3008 **BOCA RATON FL 33431-3409 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0063129 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILLIER, DENNIS W. Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL HWY., SUITE 300B **BOCA RATON FL 33431** 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See critería on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition **VPS** Delete TITLE TITLE NAME NAME BOND, JOAN K STREET ADDRESS 4800 N. FEDERAL HWY., SUITE 300B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Addition X Delete TITLE TITLE NAME PIVES, ALEX W NAME STREET ADDRESS 4800 N. FEDERAL HWY., SUITE 300B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ________Delete TITLE [-] Change -☐ Addition TITLE SIM, MICHAEL P NAME NAME STREET ADDRESS 4800 N. FEDERAL HWY., SUITE 300B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** [] Change ☐ Addition ☐ Delete TITLE HILLIER, DENNISE W NAME NAME STREET ADDRESS STREET ADDRESS 4800 N. FEDERAL HWY., SUITE 300B CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33431** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAN K. BOND

561-367-0430

Daytime Phone #