

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K80787

1. Entity Name

AERIE CONCEPT DEVELOPMENT, INC.

**FILED**  
**Apr 21, 2000 8:00 am**  
**Secretary of State**

04-21-2000 90109 017 \*\*\*150.00

Principal Place of Business Mailing Address  
% STEVEN I. GREENWALD ESQ % STEVEN I. GREENWALD ESQ  
6971 N FEDERAL HWY #105 6971 N FEDERAL HWY #105  
BOCA RATON FL 33487-1698 BOCA RATON FL 33487-1648

2. Principal Place of Business Suite, Apt. #, etc.  
3. Mailing Address Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

4. FEI Number 65-0167200 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREENWALD, STEVEN I. ESQ  
6971 N FEDERAL HWY  
SUITE 105  
BOCA RATON FL 33431

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, 2000 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

TITLE DP  
NAME TOMKINS, LEIGHTON RAY JR  
STREET ADDRESS 62 SE 10 STREET  
CITY-ST-ZIP DEERFIELD BEACH FL  
TITLE DV  
NAME TOMKINS, CAROLINE  
STREET ADDRESS %62 SE 10TH ST  
CITY-ST-ZIP DEERFIELD BCH FL  
TITLE ST  
NAME TOMKINS, DEBRA  
STREET ADDRESS 62 SE 10 STREET  
CITY-ST-ZIP DEERFIELD BEACH FL  
TITLE  
NAME  
STREET ADDRESS  
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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 empowered.

SIGNATURE:

**NOTARIZATION REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00 (PSY) 427-9275  
Date Daytime Phone #

CR2E034 (9/99)