2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

FILED DOCUMENT # L14504 Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** THE FIBER SESSION, INC. 03-29-2000 90071 049 ***150.00 Principal Place of Business Mailing Address 11405 ROCKY PINES RD. 11405 ROCKY PINES RD. JUPITER FL 33478 JUPITER FL 33478 040304 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0217056 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent -Chillingworth; Charles C. - 580 VILLAGE BLVD. SUITE 100 WEST PALM BEACH FL 33409 8. The above named entity submits this statement for the purpose of changing its registered office or red FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PST** TITLE Change ☐ Addition TITLE ☐ Delete STEEDLY, RONALD L. NAME NAME STREET ADDRESS 11405 ROCKY PINES DR STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL ☐ Change ☐ Addition ☐ Delete TITLE STEEDLY, RONALD L. STREET ADDRESS 11405 ROCKY PINES DR STREET ADDRESS CITY-ST-ZIP JUPITER FL CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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