## 2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## FILED **DOCUMENT # L42897** May 24, 2000 8:00 am Secretary of State DONNA HUMPHREY, INC. 05-24-2000 90089 033 \*\*\*150.00 Principal Place of Business Mailing Address 3640-INVESTMENT LANE 3640 INVESTMENT LANE PHYIERA BEACH FE-80404-5615 102869 RIVIERA BEACH FE 33404 <del>US-</del> 2. Principal Place of Business 3. Mailing Address 2100 AVE 2100 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2982694 RIVIERA BEACH FLORIDA Not Applicable <u>KIVIERA</u> \$8.75 Additional 5. Certificate of Status Desired 1) < Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HUMPHREY HUMPHREY, DONNA L Street Address (P.O. Box Number is Not Acceptable) 3640 INVESTMENT LANE #26 RIVIERA-BEACH-FL-33404 Zin 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. DATE (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 criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition ☐ Delete TITLE TITLE HUMPHREY, DONNA L NAME NAME 907 LAKESHORE DRIVE STREET ADDRESS 3640:INVESTMENT-LANE:#26 STREET ADDRESS CITY-ST-ZIP LOTRESTARK CITY-ST-ZIP RIMERA-BEACH FL-33404 PRESIDENT ☐ Addition ☐ Delete TITLE DONNA L. HUMPHREY NAME NAME 907 LAKESHORE DRIVE APT. 307 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK, FLORIDA 33403 ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAMÊ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.