

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L75990

1. Entity Name

H. L. CORNER & ASSOCIATES, INC.

**FILED**  
**Jan 12, 2000 8:00 am**  
**Secretary of State**

01-12-2000 90084 022 \*\*\*150.00

Principal Place of Business

Mailing Address

8219 LAKEVIEW DR.  
521 NORTHLAKE BLVD.  
WEST PALM BCH FL 33412  
US

8219 LAKEVIEW DRIVE  
WEST PALM BEACH FL 33412-2431

2. Principal Place of Business

3. Mailing Address

8219 LAKEVIEW DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

(SAME)

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number

65-0195546

Applied For

Not Applicable

Zip

33412

Country

P.B.

Zip

Country

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

CORNER, HAROLD L  
8219 LAKEVIEW DRIVE  
WEST PALM BEACH FL 33412

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
P	CORNER, HAROLD L	8219 LAKEVIEW DRIVE	WEST PALM BEACH FL 33412	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
VP	CORNER, CAROLYN	8219 LAKEVIEW DRIVE	WEST PALM BEACH FL 33412	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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: Carolyn Corner CAROLYN CORNER 1/5/00 561-624-9635  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #