2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L79214 Jan 14, 2000 8:00 am 1. Entity Name **Secretary of State** JIM FIRTH REALTY, INC. 01-14-2000 90005 013 ***150.00 Principal Place of Business Mailing Address 601 S. FEDERAL HWY 601 S. FEDERAL HWY LAKE WORTH FL 33460 LAKE WORTH FL 33460-4952 **LUUU4030** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0202457 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIRTH, JAMES A. Street Address (P.O. Box Number is Not Acceptable 2642 FOREST HILL BLVD WEST PALM BEACH FL 33406 8. The above parced entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURÈ 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change | Addition TITLE 2761 VillaGE Blvd, #304 WEST Palm BEACH, FL, 23409 TITLE ☐ Delete FIRTH, JAMES A. NAMÉ NAME STREET ADDRESS 5761 VILLAGE BLVD #304 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BCH FL TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITI F 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 changed, or on an attack meritage with an address, with all other like empowered.

SAMPLE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF

SIGNATURE:

1/2000 56/-38d-/73