FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 27, 2001 8:00 am Secretary of State DOCUMENT # **L95048** OPH OF BOCA RATON, INC. 01-27-2001 90084 042 ***150.00 Principal Place of Business Mailing Address 7146 BERA CASA WAY 7146 BERA CASA WAY BOCA RATON FL 33433 **BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0214777 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required <USA "USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANNILL, EUGENE Street Address (P.O. Box Number is Not Acceptable) 7146 BERA CASA WAY **BOCA RATON FL 33433** Zip Code FI hits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity su ✓ EUGENE PANNILL, PRES. SIGNATURE name of registered agent and title if applicable. (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change PANNILL, EUGENE NAME NAME STREET ADDRESS 7146 BERA CASA WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33433** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Date

Description Proce #