2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000004722

1. Entity Name
VALIDATE LLC.

FILED
00 JAN 24 AM 11:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
3240-A JUAN TABO NE STE 2114 ALBUQUERQUE NM 87111	3240-A JUAN TABO NE STE 2114 ALBUQUERQUE NM 87111-1854

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
900 E. INDIANTOWN Rd	900 E. INDIANTOWN Rd
Suite, Apt. #, etc.: STE 216	Suite, Apt. #, etc.: STE 216
City & State: Jupiter, FL	City & State: Jupiter, FL
Zip: 33477 Country: U.S.A.	Zip: 33477 Country: U.S.A.

4. FEI Number 65-0939646 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WILCOX, JEFFREY R 900 E. INDIANTOWN ROAD, STE 100 JUPITER FL 33477	Name: TERRY A. NEVES Street Address (P.O. Box Number is Not Acceptable): 900 E. INDIANTOWN Rd STE 216 City: Jupiter FL Zip Code: 33477

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: Terry A. Neves — TERRY A. NEVES — 01-06-2000
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NEVES, TERRY 2701 PALO ALTO DRIVE, NE ALBUQUERQUE NM ☒ Delete moredetails should be →	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MANAGING MEMBER TERRY A. NEVES 900 E. INDIANTOWN Rd STE 216 JUPITER, FL 33477 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NEVES, ELIZABETH A 2701 PALO ALTO DRIVE, NE ALBUQUERQUE NM zip missing → ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 87112
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 300003118913--4 -02/01/00--01100--003 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: Terry A. Neves — TERRY A. NEVES — 01-06-2000 — 561-741-7181
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #