2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 09, 2001 8:00 am Secretary of State **DOCUMENT # M79010** 1. Entity Name JEFFREY K. MALLEY, INC. 02-09-2001 90233 041 ***150.00 Principal Place of Business Mailing Address 23210 SEDAWIE DRIVE PO ROX 880147 BOCA RATON FL 33433 **BOCA RATON FL 33428** 2. Principal Place of Business 3. Mailing Address <u> Ro. Box 880147</u> Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0044088 FLORIDA oca Ratou Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Malm Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MALLEY-JEFFREY-K-Street Address (P.O. Box Number is Not Acceptable) 23210 SEDAWIE DR **BOCA RATON FL 33433** Zip Code FL 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE □ Delete TITLE ☐ Change ☐ Addition MALLEY, JEFFREY K. NAME NAME STREET ADDRESS 23210 SEDAWIE DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE. ☐ Delete ☐ 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-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 attachment with an address, with all other like empowered.

FREY K. MALLEY 2-6-01 561-487 SIGNATURE: