

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001155

1. Entity Name

MODEL-AS, INC.

FILED

Apr 23, 2001 8:00 am
Secretary of State

04-23-2001 90146 025 ****61.25

Principal Place of Business

808 NORTH DIXIE HIGHWAY
LANTANA FL

Mailing Address

808 NORTH DIXIE HIGHWAY
LANTANA FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

90 ALAN LINDSAY

PO BOX 431

PALM BEACH FL

33480

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0648341

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DONNELLEY, ELLIOTT R
348 EDEN ROAD
PALM BEACH FL 33480

7. Name and Address of New Registered Agent

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

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE ☐ Delete
NAME D
STREET ADDRESS DONNELLEY, ELLIOTT R
CITY-ST-ZIP 348 EDEN ROAD
PALM BEACH FL

TITLE ☐ Delete
NAME V
STREET ADDRESS LINDSAY, ALAN
CITY-ST-ZIP 321 ROYAL POINCIANA PLAZA
PALM BEACH FL 33480

TITLE ☐ Delete
NAME D
STREET ADDRESS WELBORN, MICHAEL
CITY-ST-ZIP 808 NORTH DIXIE HIGHWAY
LANTANA FL

TITLE ☐ Delete
NAME PVST
STREET ADDRESS DONNELLEY, ELLIOTT R
CITY-ST-ZIP 348 EDEN ROAD
PALM BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with another line empowered.

SIGNATURE:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-2-01 561 659 1770

CR2E037 (10/00)