2001	UNIFORM BUS	INESS REPO	RT (UBI	3)	FILED	
DOCUMENT # N9700001498 Entity Name PALM BEACH COUNTY BUSINESS INCUBATOR, INC.					23, 2001 08:00 AM ecretary of State	
Principal Place 1427 8 CONGR WEST PALM E 33406		Mailing Address C/O JEECKHAUS 3341 SW 15TH ST POMPANO BEACH 33069	FL	-		
Principal Pi	lace of Business	3. Mailing Address				
Suite, Apt. #, etc. Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE		
City & State		City & State		4. FEI Numb 65-0708		
Zip	Country	Zip	Country	15	of Status Desired S8.75 Additional Fee Required	
	6. Name and Address of Current	Registered Agent		7. Name and	Address of New Registered Agent	
ECKHAUS JAY E			Name			
3341 SW 15TH ST			Street A	ddress (P.O. Box Numbi	er is Not Acceptable)	
POMPANO BEACH FL 33069 US			City	City Zip Code		
	named entity submits this statement for				FL Zip Code	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: if FILE NOW: 9. Election Campaign F Trust Fund Contribut			Financing	\$5.00 May Be Added to Fees	04/23/2001 DATE Make Check Payable to Department of State	
0.	OFFICERS AND DI	RECTORS	11.	ADDITIONS (CL	IANGES TO OFFICERS AND DIRECTORS IN 10	
ITLE IAME STREET ADDRESS DTY-ST-ZIP	D HIX JIM 1427 S CONGRESS WEST PALM BEACH	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDITIONS/OF	Change Addition	
ITLE LAME STREET ADDRESS STY-ST-ZIP	D SAPP KETLY B 1427 S CONGRESS WEST PALM BEACH	☐ Delete FL 33406	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME STREET ADDRESS SITY-ST-ZIP	D MONTGOMERY KEN 600 S DIXIE HWY WEST PALM BEACH	☐ Delete FL 33401	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·	☐ Change ☐ Addition	
ITLE IAME TREET ADDRESS ITY-ST-ZIP	D HINES GARY 222 LAKEVIEW AVE WEST PALM BEACH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition	
ITLE IAME ITREET ADDRESS ITY-ST-ZIP	D GASTER GORDON 2000 PGA BLVD	☐ Delete	TITLE NAME STREET ADDRESS	-	☐ Change ☐ Addition	
	PLAM BEACH GARDENS	FL	CITY-ST-ZIP		•	

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

CITY-ST-ZIP

SIGNATURE: __Jay E. Eckhaus

WEST PALM BEACH

FL 33401

DCh

04/23/2001