

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N97000006384

1. Entity Name

FIRST PRIORITY PALM BEACH COUNTY, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90048 043 ****61.25

Principal Place of Business	Mailing Address
6542 HYPOLUXO ROAD #307 LAKE WORTH FL 33467	6542 HYPOLUXO ROAD #307 LAKE WORTH FL 33467-7678



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number	Applied For
65-0799464	Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

BROWER, DAVID W
6542 HYPOLUXO ROAD
#307
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name: DAVID W. BROWER
Street Address (P.O. Box Number is Not Acceptable): 6228 LANSLOWNE CIRCLE
BOYNTON BEACH
City: FL Zip Code: 33437

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: DAVID W. BROWER 5/1/00
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. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PTSD BROWER, DAVID W 6228 LANSLOWNE CIRCLE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	TITLE	TRUSTEE STEVE SC 1093 NORTH 901 S.E. MONTEREY COMMONS BLVD. STUART FL 33496 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	C BROWER, DAVID W 6228 LANSLOWNE CIRCLE BOYNTON BEACH FL 33437 <input type="checkbox"/> Delete	NAME	SONYA DEWITT 1093 NORTH UMBERLAND CT. WELLINGTON FL 33414 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	T MOORE, JOSEPH P 17880 OAKWOOD AVENUE BOCA RATON FL 33487 <input type="checkbox"/> Delete	TITLE	
NAME	T WHITEHEAD, JOHN 12070 OLD COUNTRY ROAD WELLINGTON FL 33414 <input type="checkbox"/> Delete	NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.

SIGNATURE: DAVID W. BROWER 5/1/00 561.783.5551
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)