2001 UNIFORM BUSINESS REPORT (UBF

FILED Aug 09, 2001 8:00 am

DOCUMENT # N9800006136 1. Entity Name							Secretary of State			
TOGET	THER, INC.				Æ	08-09-2001	90044 005 ****6	1.25		
Principal Plac	ce of Business	 Mailir	ng Address	·						
7927 LASALLE BLVD. 7927 LASAL			' LASALLE BLVD. AMAR FL 33023			1	~~~~ ~			
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2. Principal F	Place of Business	3. Mailing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & Stat	te	City & State				4. FEI Number 65-0939116 Applied For Not Applied				
Zip	Country	Zi	p	Cou	ntry	پېچ⊷ پر 5 Certificate of St		\$8.75 Ad	ditional	┨.
	6. Name and Address of Curre	nt Register	ed Agent	L		7. Name and Add	ress of New Register			┪
3					Name					1
JOLLY, WILFRED M SR.					Street Addre	ess (P.O. Box Number is	Not Acceptable)			1
7927 LASALLE BLVD. MIRAMAR FL 33023										7
MIRAMAI	K FL 33023				City			FL Zip Coc	de	1
9 Tho above	named entity submits this statement	t for the pure	one of changing its	rogistors	nd office or rec	ristered agent or both in				┨
	Signature, typed or printed name of registered agreements. FILE NOW: FEE IS \$61.25 ember 12, 2001, min. will be	-	9. Election Car Trust Fund (mpaign F	inancing	\$5.00 May Be Added to Fees	Make Ch	eck Payable		-
					<u></u> .					1
TITLE	OFFICERS AND I	DIRECTORS	Delete	11.		ADDITIONS/CHANG	ES TO OFFICERS AND	DIRECTORS IN Change	N 10 ☐ Addition	15
NAME	JOLLY, WILFRED M		LJ Delete	NAME	I .	<u> </u>				- 1
STREET ADDRESS.	7927_LASALLE BLVD	~~~~~			T ADDRESS ST-ZIP		<u> </u>			Š
TITLE	MIRAMAR FL 33023		☐ Delete	TITLE				☐ Change	☐ Addition	10/10/10/10/10/10/10/10/10/10/10/10/10/1
NAME	JOLLY, VIRGINIA		L Delete	NAME	1			change		ľ
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CITY-ST-ZIP	MIRAMAR FL 33023			TITLE	ST-ZIP		···-	☐ Change	Addition	4
TITLE NAME	JOLLY, WILFRED M JR.		☐ Delete	NAME				□ change	☐ Addition	ľ
STREET ADDRESS	7927 LASALLE BLVD.				T ADDRESS					
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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: