

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N99000004397**

1. Entity Name

NEW OPTIONS OF ROYAL PALM BEACH, INC.**FILED**
Feb 05, 2001 8:00 am
Secretary of State

02-05-2001 90007 023 ****61.25

Principal Place of Business

11440 OKEECHOBEE BLVD..STE.216
ROYAL PALM BEACH FL 33411

Mailing Address

11440 OKEECHOBEE BLVD..STE.216
ROYAL PALM BEACH FL 33411**915025**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1402 Royal Palm Bch Blvd.
Suite, Apt. #, etc.
400 B

3. Mailing Address

1402 Royal Palm Bch Blvd.
Suite, Apt. # etc.
400 B

City & State

Royal Palm Bch, FL

City & State

Royal Palm Bch, FL

Zip

33411

Country

Palm Beach

Zip

33411

Country

Palm Beach

4. FEI Number

65-0932453

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

INGRAM, CONNIE L
503 ROYAL PALM BEACH BLVD.
ROYAL PALM BEACH FL 33411

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

1402 Royal Palm Beach, FL 33411

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)

1/29/01

DATE

FILE NOW:
FEE IS \$61.259. 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 PD ☐ Delete
NAME INGRAM, CONNIE
STREET ADDRESS 503 RPB BLVD
CITY-ST-ZIP ROYAL PALM BEACH FL 33411TITLE T ☐ Delete
NAME CLARK, HAROLD
STREET ADDRESS 4034 120TH AVE NORTH
CITY-ST-ZIP ROYAL PALM BEACH FL 33411TITLE T ☐ Delete
NAME INGRAM, KATIE
STREET ADDRESS 6524 PATRICIA DR
CITY-ST-ZIP WEST PALM BEACH FL 33413TITLE T ☒ Delete
NAME INGRAM, JAY
STREET ADDRESS 6524 PATRICIA DR
CITY-ST-ZIP WEST PALM BEACH FL 33413TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1.28.01

Date

Daytime Phone #

CR2E037 (10/00)