

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jul 02, 2001 08:00 AM****Secretary of State****DOCUMENT # P00000003626**1. Entity Name  
20/20 FUNDS, INC.**Principal Place of Business**

225 NE MIZNER BLVD. #502

BOCA RATON

33432

FL

**Mailing Address**

225 NE MIZNER BLVD. #502

BOCA RATON

33432

FL

**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****65-0988633**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BARITZ NEIL SESQ.  
DRIER & BARITZ  
150 EAST PALMETTO PARK ROAD #401  
BOCA RATON FL  
33432 US**7. Name and Address of New Registered Agent**

Name

FRIEDKIN SHAWN AMR.

Street Address (P.O. Box Number is Not Acceptable)  
225 NE MIZNER BLVD.

SUITE 502

City  
BOCA RATON

FL

Zip Code  
33432

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 **SHAWN A. FRIEDKIN****07/02/2001**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution. ☐**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS****12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	PSTD	<input type="checkbox"/> Delete
NAME	FRIEDKIN SHAWN	
STREET ADDRESS	225 NE MIZNER BLVD. #502	
CITY-ST-ZIP	BOCA RATON FL 33432	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Shawn A. Friedkin

PRES

07/02/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)