

2001 UNIFORM BUSINESS REPORT (UBR)

3/

FILED
Mar 27, 2001 8:00 am
Secretary of State

03-05-2001 90322 040 ***150.00

DOCUMENT # P00000012274

1. Entity Name
1219 HOLDING COMPANY

Principal Place of Business
C/O DAVE ROY
1818 S. AUSTRALIAN AVE. SUITE 400
WEST PALM BEACH FL 33409

Mailing Address
C/O DAVE ROY
1818 S. AUSTRALIAN AVE. SUITE 400
WEST PALM BEACH FL 33409



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
440 Columbia Drive
 Suite, Apt. #, etc.

3. Mailing Address
440 Columbia Drive
 Suite, Apt. #, etc.

City & State
West Palm Beach FL

City & State
West Palm Beach FL

4. FEI Number
65-0577157

Applied For
 Not Applicable

Zip Country
33409

Zip Country
33409

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ROY, DAVE
1818 S. AUSTRALIAN AVE.
SUITE 400
WEST PALM BEACH FL 33409

Name
 Street Address (P.O. Box Number is Not Acceptable)
440 Columbia Drive
Suite 400
 City **West Palm Beach** **FL** Zip Code **33409**

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 DATE **01-19-2001**
Signature of individual or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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 NAME	D ROY, DAVE K	<input type="checkbox"/> Delete
STREET ADDRESS	1818 S. AUSTRALIAN AVE. SUITE 400	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Delete
STREET ADDRESS		
CITY-ST-ZIP		

TITLE NAME	PVST D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	440 Columbia Drive, Suite 400	
CITY-ST-ZIP	West Palm Beach, FL 33409	
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: **Director**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **01-19-2001** Daytime Phone #

CR2E034 (10/00)