FILED

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P0000014568 1. Entity Name MASSEY, PORTER & DEPALMA, CPA'S, PA						Apr 25, 2001 8:00 am Secretary of State 04-02-2001 90094 041 ***150.00				
Principal Pla	ice of Business	Mailing Address								
3213 VINCENT ROAD 3213 VINCENT ROAD										
WEST PALM E	BEACH FL 33405	WEST PALM BEACH FL 3	13405							
						Î (119 1) 61 1 î î î 51 î î î 61 î î î		21011 E1011 O1110 I	117 3 1 2 3 11 1 131	
2. Principal Place of Business		3. Mailing Address								
Suite, Apl	t. #, etc.	Suite, Apt. #, etc.			_	DO NO	T WRITE IN THI	S SPACE		
City & State		City & State			4. (FEt Number	362.6	^_	pplied For	7
Zip	Country	Zip Co		Country		Certificate of Status Des	252€ ireø □	> N \$8.75 Ad	ot Applicable ditional	-
	6 11		<u> </u>					Fee Require		-
	6. Name and Address of Current R	egistered Agent		Name	7. [Name and Address of I	New Hegistere	Agent		=
MASSEY, KEVIN M				Street Address (P.O. Box Number is Not Acceptable)						
3213 VINCENT ROAD West Palm Beach FL 33405										-
				_City		<u></u>	F	Zip Cod	le	1
	e named entity submits this statement for					beat in the Conta	<u>·</u>	<u>- </u>		-
SIGNATURE	Z.11	Muy		Agent signature			DATE			
9. This corp	oration is eligible to satisfy its Intangible	FILE NOW	/!!! FEE!	S \$150.00						
Tax filing requirement and elects to do so. (See criteria on back) After MAY 1, 2001 Make Check Payable				will be \$550		10. Election Campai Trust Fund Contr		\$5.0 Added	0 May Be 10 Fees	
11.	OFFICERS AND D		12.	parment o		DITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11	{
TITLE	D D	☐ Dalete	TITLE					☐ Change	Addition	00/0
NAME STREET ADDRESS	MASSEY, KEVIN M 3213 VINCENT ROAD		NAME Stree	T ADORESS					,	<u>=</u>
CITY-ST-ZIP	WEST PALM BEACH FL 33405		CITY-	ST-ZIP					· ·	CR2E034 (10/00
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STREET ADDRESS				T ADORESS						
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TITLE		☐ Delete	TITLE		·		-	☐ Change	Addition	[
NAME STREET ADDRESS			NAME Street	T ADDRESS					}	
CITY-ST-ZIP			CITY-S		_	·				
TITLE NAME	;	Defete	TITLE NAME	[·				Change Change	Addition	
STREET ADDRESS				ADDRESS						
CITY-ST-ZIP			CITY-S	iT-ZIP	-					
TITLE NAME		☐ Deleta	TITLE	•			•	☐ Change	Addition	
STREET ADDRESS				ADDRESS			•		}	
13. I hereby o	certify that the information supplied with the	s filing does not qualify for	CITY-S		in Section 1	19.07/3Vi) Florido State	toe I further	rtihe that the i-		
indicated of the con changed,	certify that the information supplied with the on this report or supplemental report is triporation or the receiver or trustee empower or an attachment with an address with the content of the content o	ie and accurate and that in the ared to execute this report all other risk empoyerad.	ny signatu as require	re shall have d by Chapte	the same le 607, Florid	egal effect as if made ur a Statutes; and that my	ides, i futiner ce ider oath; that I name appears	am an officer in Block 11 or	or director Block 12 if	
SIGNAT		- Minh	A. A.			8-27-01	\$1.69	69.3570	12/	
	DADARIUKE AND TYPED OR PRO	FED NAME OF SIGNING OFFICER	OH DURECTO	м		Deta	!	Daytime Phone #	1	