

2001 UNIFORM BUSINESS REPORT (UBR)

2/26

FILED
Mar 12, 2001 8:00 am
Secretary of State

02-26-2001 90542 040 ***150.00

DOCUMENT # P00000015904

1. Entity Name

THE ESTATE PRESERVATION CENTER, INC.

Principal Place of Business

**2000 N. FLORIDA MANGO ROAD #102
WEST PALM BEACH FL 33409**

Mailing Address

**2000 N. FLORIDA MANGO ROAD #102
WEST PALM BEACH FL 33409**

2. Principal Place of Business

2000 N FIA MANGO RD

3. Mailing Address

SAME

Suite, Apt. #, etc.

102

Suite, Apt. #, etc.

SAME

City & State

West Palm Beach, FL

City & State

SAME

Zip

33409

Country

Palm Beach

Zip

SAME

Country

SAME

4. FEI Number

65-0985054

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KATZ, ZENDELL B
2000 N. FLORIDA MANGO ROAD #102
WEST PALM BEACH FL 33409**

7. Name and Address of New Registered Agent

Name

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

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)

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

TITLE	President	<input type="checkbox"/> Delete
NAME	Bob Katz	
STREET ADDRESS	5493 2nd Rd.	
CITY-ST-ZIP	Lake Worth, FL 33467	
TITLE	Vice President	<input type="checkbox"/> Delete
NAME	Yvan Boisvert	
STREET ADDRESS	12807 Hobo Hills Drive	
CITY-ST-ZIP	Hobe Sound, FL 33455	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/2001 941-615-0290

Date

Daytime Phone #

CR2E034 (10/00)