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## 2002 Uniform Business Report (UBR)

## Apr 03, 2002 8:00 am Secretary of State P00000075656 DOCUMENT# 1. Entity Name 04-03-2002 90499 026 \*\*\*150.00 POTTER ENTERPRISES OF THE PALM BEACHES, INC. Principal Place of Business Mailing Address 1005 DONNELL RD 1895 DONNELL RD. W. PALM-BCH\_EL\_33409 W.-PALM-BOH FL 99400 2. Principal Place of Business Mailing Address FLAGLER 5200 N FLAGLER 5200 N. Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE APT APT City & State City & State 4. FEI Number Applied For 639 15-1093 PALM WEST Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3-3 40 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SAME POTTER, DAVID Street Address (P.O. Box Number is Not Acceptable) 1865 DONNELLARD. W. PALM BCH FL 33409 PALM BEACH 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS SAMU 3P2F034 (9/01) ☐ Addition TITLE ☐ Delete TITLE ☐ Change SANG 5200 N. FLAGLER DR #2002 NAME POTTER. DAVID L NAME 1865 DONNELL RD. STREET ADDRESS STREET ADDRESS WPALM BEACH, Fly 33407 CITY-ST-7/P CITY-ST-ZIP W: PALM BCH FL 33409 SARC ☐ Change ☐ Addition TITLE ☐ Delete TITLE ラオMピ 5200N FLAGIUR DR#1002 NAME NAME POTTER, MIMI P STREET ADDRESS STREET ADDRESS 1<del>865 DONNELL R</del>D. PALM BEACH, F1., 32407 CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH FL 33409 Delete ☐ Chance Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \_\_\_ Change TITLE TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

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SIGNATURE: