FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 30, 2002 8:00 am Secretary of State P00000108756 **DOCUMENT #** 1. Entity Name SECURED FUTURE, INC. 04-30-2002 90030 040 ***150.00 Principal Place of Business Mailing Address 200 KNUTH ROAD P.O. BOX 740905 SUITE 212 **BOYNTON BEACH FL 33474 BOYNTON BEACH FL 33436** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-1061843 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent COHEN, JEROME Street Address (P.O. Box Number is Not Acceptable) 7695 DOUBLETON DRIVE **DELRAY BEACH FL 33446** City 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE TITI F ☐ Delete COHEN, JEROME NAME NAME STREET ADDRESS 7695 DOUBLETON DRIVE STREET ADDRESS **DELRAY BEACH FL 33446** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DVST TITLE TITLE ☐ Delete HAGER HAGER, BETH NAME NAME WACHT CLUB WAY APTIOB 3860 MAX PLACE UNIT #103 STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33436.** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition 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 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.