## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 10, 2002 8:00 am Secretary of State P00000112732 DOCUMENT # 1. Entity Name 315 PARK, INC. 05-10-2002 90028 022 \*\*\*150.00 Principal Place of Business Mailing Address 3540 FOREST HILL BLVD. #203 3540 FOREST HILL BLVD. #203 W PLAM BEACH FL 33406 W PLAM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1069349 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-Name DENTRY, DEBORAH A Street Address (P.O. Box Number is Not Acceptable) 3540 FOREST HILL BLVD, #203 W PLAM BEACH FL 33406 City Zip Code Fl 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition DESTRY, DEBORAH A NAME NAME 3540 FOREST HILL BLVD. # 203 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME HEATON, LINN D NAME 3540 FOREST HILL BLVD. # 203 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-ZIP VP. TITLE ☐ Delete TITLE □ Change □ Addition HEATON, LEE W NAME NAME 3540 FOREST HILL BLVD. # 203 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33406 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

تاهار SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**