## FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # *P01000085* 26 / 1. Entity Name

HEAD ASSOCIATES, CORP.

AMENDEDED

02 JUL -2 AM 10: 18

SECRETARY OF STATE TALLAHASSEE, FLORIDA

DC  2.)Principal Place o	NOT WRITE	3. Mailing Address		3000062532434 -07/08/0201078001 *****61.25 *****61.25
7924 B	RIDLINGTON DI	R POBOX 74	0483	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE
BOYNTON BEACH FL		BOYNTON BEACH FL		4. FEI Number Applied For Not Applicable
33 <sup>219</sup> 437	Country	加二 <b>33474</b>   1833	Country	5. Certificate of Status Desired S8.75 Additional Fee Required
	4 60 6			7. Name and Address of Current Registered Agent
	DO NOT W	병사 보다 하는 유민들은 보다를 보는 것이다.	Name Street Address	(P.O. Box Number is Not Acceptable)
	هوايا اهلاي او حاصيا		City	FL Zip Code
9. This corporation	use, typed or printed name of registered agen in is eligible to satisfy its Intangible ement and elects to do so.	e January 1 - 1 After May Amende	TE: Registared Agent signatura respira May 1 Fee is \$150.00 / 1, Fée is \$550.00 d UBR is \$61.25	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution.  Added to Fees
<u> </u>	OFFICERS AND	Accounted to a process of the second of the	ble to Department of St	(ate. 1)
NAME 7	DYNTON BEACH	ON DR.	NAME  NAME  STREET ADDRESS  CITY-ST-ZIP	
TITLE NAME STREET AODRESS CITY-S1-ZIP			TITLE NAME STREELADORESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP			NAME STREET ADDRESS CIIV-ST-7IP	DO NOT WRITE
NAME STREET ADDRESS CITY+ST-7IP			NAME STREET ADDRESS CITY-ST-7IP	IN THIS SPACE
TIPLE NAME STREET ADDRESS GITY-ST-ZIP			TITLE NAME STREET ADDRESS	
THEE NAME. STREET ADDRESS CITY-ST-ZIP			HITLE NAME STREET AUDRESS CITY-ST-ZIP	
42 Uhorahu goztik	y that the information supplied w his report or supplemental report	ith this filing does not qualify f	or the exemption stated in :	Section 119.07(3)(i), Florida Statutes. I further certify that the information is same legal effect as if made under oath; that I am an officer or director 607. Florida Statutes; and that my name appears in Block 11 or on an

of the corporation or the receiver or true attachment with an address, with all oth DIR.) 7/1/02-954-465-9669

FRICER ON DIRECTOR

Date: Displace Process #

SIGNATURE:

## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Jan 14, 2002 8:00 am Secretary of State 01-14-2002 90006 005 \*\*\*150.00 DOCUMENT # P01000085261 1. Entity Name J HEM ASSOCIATES, CORP. For RA designation Principal Place of Business Mailing Address 8894 GEORGETOWN LANE P.O. ROX 740483 BOYNTON BEACH FL 33474 **BOYNTON BEACH FL 33474** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Numbe 65 1138167 Not Applicable Zip Zip Country 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 TRICK, WILLIAM W JR. Street Address (P.O. Box Number is Not Acceptable) 1216 EAST ATLANTIC BLVD. SUITE 7 POMPANO BEACH FL 33060 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (9/01) ☐ Delete TITLE TITLE M BANIA APPEL D.S NAME NAME 7924 BRIDLINGTON DR CR2E034 STREET ADDRESS 8894 GEORGEROWN LANE STREET ADDRESS BOYNTON BEACH FL 33474 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME MANAGE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TIEGE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ 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 of suppliemental port 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 of trustee employered be 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 pit other like supplyered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

56/-364-1715