2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000009974

TUBBS & BARTNICK, P.A.

Principal Place of Business

Mailing Address

FILED Mar 22, 2001 8:00 am Secretary of State

03-22-2001 90045 001 ***150.00

SUITE 415 EAS BOCA RATON	ST .		SUITE 415 EAST BOCA RATON FL 33431				A0036000					
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT W	RITE IN THIS	S SPACE		
City & State			City & State			4.	4. FEI Number 65-0385759 Applied For Not Applicable					
Zip		Country	Zip	Cour	ntry	5.	5. Certificate of Status Desired S			\$8.75 Ad	8.75 Additional se Required	
<u> </u>	6. Name	and Address of Current R	egistered Agent _	1		7.	Name and Add	ress of Nev	v Registered			
MATTLIN & MCCLOSKY, P.A. 2300 GLADES RD S400 E TOWER					Name Street Address (P.O. Box Number is Not Acceptable)							
	A RATON F							F	L Zip Coo	le		
8. The above	named entity	submits this statement for t	he purpose of changing its	register	ed office a	r registered ag	gent, or both, in	the State of	Florida.			
SIGNATURE .	Signature, typed c	r printed name of registered agent and	d title if applicable. (NOTE	E: Registere	d Agent signa	ture required when re	einstating)		DATE			
Tax filing r	oration is eligit requirement a ria on back)	ole to satisfy its Intangible and elects to do so.	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			550.00	10. Election Trust Fu	Campaign Ind Contribu			00 May Be d to Fees	
11.						AD	DITIONS/CHA	NGES TO O	FFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS	DP Bartnick 2300 Glae	, STANLEY DES RD S415 E	☐ Delete 71T NA STI			İ				☐ Change	☐ Addition	
CITY-ST-ZIP	BOCA RAT	ON FL		CITY	-ST-ZIP							
TITLE NAME STREET ADDRESS : CITY-ST-ZIP			☐ Delete			D/S Steve 2300 Boca	N R. T. Glade RATON	bbs s Rd , FL	54151 3347		Addition	
TITLE" NAME STREET ADDRESS CITY-ST-ZIP		"""	Delete	1		2017 2300	an Ster Glades Raton	.N	5 415 3343	☐ Change	★ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			□ Delete							☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. hereby ci	ertify that the	nformation supplied with th	☐ Delete is filing does not qualify for	CITY-	ET ADDRESS ST-ZIP	ed in Section 1	119.07(3)(i), Flo	rida Statutes	s. I further ce	Change	Addition	

indicated on this report or supplemental report is true and accurate and thaymy 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 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 will all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR