

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2002 8:00 am
Secretary of State

01-30-2002 90130 042 ***150.00

DOCUMENT # P93000036647

1. Entity Name
POSS OF FLORIDA, INC.

Principal Place of Business

Mailing Address

~~P.O. BOX 546~~ **NO LONGER**
~~BOYNTON BCH FL 33425~~

~~P.O. BOX 546~~ **NO LONGER**
~~BOYNTON BCH FL 33425~~



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

140-A HIGH POINT BLVD.

3. Mailing Address

140-A HIGH POINT BLVD.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

BOYNTON BEACH FL

City & State

BOYNTON BEACH FL

Zip

Country

Zip

Country

33435

33435

4. FEI Number

59-2478831

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

HAYES, MICHELLE

140-A HIGH POINT BLVD.

~~BOYNTON BEACH FL 33425~~

BOYNTON BEACH FL 33435

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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 *Michelle Hayes*
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-15-02
 DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After May 1, 2002 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	HAYES, MICHELLE	
STREET ADDRESS	P.O. BOX 546 140-A HIGH POINT BLVD	
CITY-ST-ZIP	BOYNTON BCH FL 33425 BOYNTON BEACH FL 33435	
TITLE		<input type="checkbox"/> Delete
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michelle Hayes
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-15-02 361-738-5599
 Date Daytime Phone #

CR2E034 (9/01)

Attachment

PG 3000036647
302408

BOYNTON BEACH, FL. JANUARY 15 2002

**POSS OF FLORIDA, INC.
140-A HIGH POINT BLVD.
BOYNTON BEACH, FL. 33435
561-738-5599**

RE: 59-2478831

**CAN YOU PLEASE TAKE NOTE OF CHANGE OF ADDRESS. WE NO
LONGER USE THE P.O. BOX.**

**I MADE THE CHANGE LAST YEAR BUT IT HAS NOT BEEN RECORDED IN
YOUR COMPUTER YET SO PLEASE MAKE THE CHANGE.**

SINCERELY YOURS

MICHELLE A. HAYES
