

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P93000054514

1. Entity Name

THE TOTEM CORPORATION

Principal Place of Business

325 WORTH AVE.
PALM BEACH FL 33480
US

Mailing Address

325 WORTH AVE.
PALM BEACH FL 33480-4640
US

2. Principal Place of Business

6161 N. Ocean Blvd

3. Mailing Address

6161 N. Ocean Blvd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Ocean Ridge FL

City & State

Ocean Ridge FL

Zip 33436

Country USA

Zip 33435

Country USA

4. FEI Number

65-0431174

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FALKENBERG, ELKE
6161 N. OCEAN BLVD.
OCEAN RIDGE FL 33435

7. Name and Address of New Registered Agent

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

Suzanne E. Rice Suzanne E. Rice

4-13-00

DATE

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
Tax filing requirement and elects to do so.
(See criteria on back)

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 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

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

PTD
RICE, SUZANNE E
6161 N. OCEAN BLVD.
OCEAN RIDGE FL

Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

VSD
FALKENBERG, ELKE
6161 N. OCEAN BLVD.
OCEAN RIDGE FL

Delete

TITLE
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CITY-ST-ZIP

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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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 21, 2000 8:00 am
Secretary of State

04-21-2000 90183 040 ***150.00



DO NOT WRITE IN THIS SPACE