# FOR PROFIT CORPORATION
# UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # - P93000054514---

1. Entity Name

The Totem Corporation

DO NOT WRITE IN THIS SPACE

FILED

02 MAY -3 PM 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

BR 01-02

DO NOT WRITE IN THIS SPACE

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| 6161 N. Ocean Blvd | P.O. Box 280 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State: Ocean Ridge, FL. | City & State: Boynton Beach, FL |
| Zip: 33435 Country: US | Zip: 33425-0280 Country: US |

4. FEI Number: 65-0431174 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

**7. Name and Address of Current Registered Agent**

Name: Elke Falkenberg

Street Address (P.O. Box Number is Not Acceptable): 6161 N. Ocean Ridge

City: Ocean Ridge FL Zip Code: 33435

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: Elke Falkenberg 4/16/02

Signature, (typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

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

**January 1 - May 1 Fee is $150.00**
**After May 1, Fee is $550.00**
**Amended UBR is $61.25**
**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

| | |
|---|---|
| TITLE | PTD |
| NAME | Suzanne E. Rice |
| STREET ADDRESS | 6161 N. Ocean Blvd |
| CITY-ST-ZIP | Ocean Ridge, FL. 33435 |
| TITLE | VSD |
| NAME | Elke Falkenberg |
| STREET ADDRESS | 6161 N. Ocean Blvd. |
| CITY-ST-ZIP | Ocean Ridge, FL. 33435 |
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

**SIGNATURE:** Suzanne E. Rice Suzanne E. Rice 4/16/02 (561) 738-1722

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

BB