## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED May 28, 2002 8:00 am Secretary of State

4/11/02 (561) 655-4060

<ol> <li>Entity Nar</li> </ol>	IMENT THE E P. ORD,		0000123					05-2	8-2002 91	750 011	***150.00	)
Principal Place 340 ROYAL F PALM BEACH			Mailing Address 340 ROYAL PALM WAY PALM BEACH FL 33480				-					L
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE					
City & State			City & State			4.	FEI Number 65-0459940 Applied For Not Applied					
Zip	Zip Country		Zip	Coun		5.	5. Certificate of Status Des		ed 🔲	AD 75		٦
	6. Name	and Address of Current R	egistered Agent		1	7.	Name and A	ddress of Ne	w Registered			-
	_	447	a a a a		Name _	T						7
ORD, GEORGE P 340 ROYAL PALM WAY STE 100					Street Address (P.O. Box Number is Not Acceptable)							1
	ACH FL 334		City					FI	Zip Co	ode	$\dashv$	
8. The above	e named entity	submits this statement for t	he purpose of changing its i	egister	ed office or	r registered a	gent, or both,	in the State o	f Florida.		<del></del>	1
SIGNATURE	Signature, typed o	r printed name of registered agent and	i title if applicable. (NOTE:	Registera	d Agent signet	ure 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)  FILE NOW!!!  After May 1, 200  Make Check Payable					will be \$5	50.00	10. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees					
11,		OFFICERS AND D		12.	<del></del>		DDITIONS/CI	HANGES TO C	OFFICERS AN	D DIRECTO	RS IN 11	-{
TITLE NAME STREET ADDRESS CITY-ST-ZIP		RGE P . PALM WAY CH FL 33480	☐ Deleta							☐ Change		CR2E034 (9/01)
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	☐ Delete							☐ Change	Addition	CR2
TITLE NAME STREET ADORESS CITY-ST-ZIP			Delete			<b></b>	<u> </u>			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete							☐ Change	Addition	
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TITLE NAME STREET ADDRESS ! CITY-ST-ZIP	_		☐ Defete	CITY-	T ADDRESS ST-ZIP					☐ Change	☐ Addition	
<ol> <li>I hereby c indicated of the cor; changed,</li> </ol>	certify that the on this report poration or the or on an attac	information supplied with the or supplemental report is true receiver or trustee empower hment with all activess, with	is filing does not qualify for the and abcurate and that my preprior execute this report as the property of the property of the compowered.	ne exer signati s requir	nption state ure shall ha ed by Char	ed in Section ave the same oter 607, Flori	119.07(3)(i), l legal effect as da Statutes; a	Florida Stalute if made unde and that my na	s. I further cer er oath; that t ime appears i	tily that the am an office n Block 11 o	information or or director or Block 12 if	1

(S) George P. Ord, President

SIGNATURE: