2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P94000002505**

Country

WHITFIELD, V. LYNN ESQ.

WEST PALM BEACH FL 33402

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

224 DATURA ST. STE. 910

6. Name and Address of Current Registered Agen

Signature, typed or printed name of registered agent and title if applicable

1. Entity Name

SIMPSON-WRAY ASSOCIATES, P.A.

Principal Place of Business

Mailing Address

3. Mailing Address

3111 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

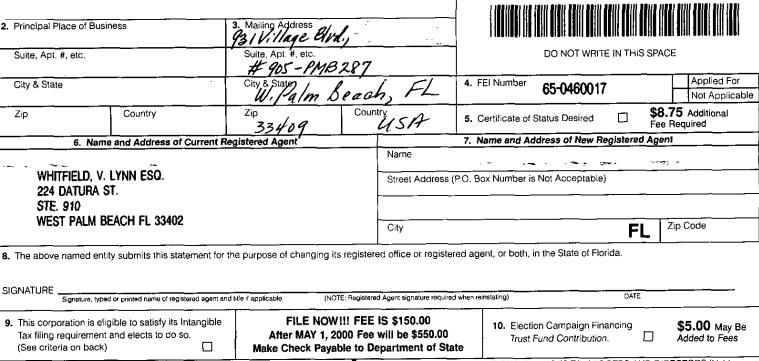
Ζiρ

SIGNATURE

3111 SOUTH DIXIE HIGHWAY WEST PALM BEACH FL 33405-1557

FILED May 24, 2000 8:00 am Secretary of State

05-24-2000 90051 025 ***150.00



11.	OFFICERS AND DIREC	TORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD SIMPSON-WRAY, SHIRLEY 1363 N. MANGONIA DR. W. PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	none	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD WRAY, HERBERT 1363 N. MANGONIA DR. W. PALM BEACH FL 33401	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	hone	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-7/P		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change	Addition

Name

City

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

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 leport 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 received or truetee 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 address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date

CR2E034 (9/99)