

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 13, 2001 8:00 am
Secretary of State

08-13-2001 90064 027 ***550.00

DOCUMENT # P94000040102

1. Entity Name
SERIES 700, INC.

Principal Place of Business

**445 ANTIGUA LANE
 PALM BEACH FL 33480
 US**

Mailing Address

**445 ANTIGUA LANE
 PALM BEACH FL 33480
 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **38-3182887**

Applied For
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**HOMISCO INCORPORATION, INC.
 222 LAKEVIEW AVE
 SUITE 800
 WEST PALM BEACH FL 33401**

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 _____
 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)

**FILE NOW!!! FEE IS \$150.00
 After MAY 1, 2001 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

TITLE **D** ☐ Delete
 NAME **MILIDRAY, GEROGE**
 STREET ADDRESS **445 ANTIGNA LANE**
 CITY-ST-ZIP **PALM BEACH FL 33480**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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: *George D. Milidray* *George D. Milidray* 8/1/01 2485898400
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)

Form **7004**
Rev. October 2000)Department of the Treasury
Internal Revenue Service**Application for Automatic Extension of Time
To File Corporation Income Tax Return**

OMB No. 1545-0233

Name of corporation

Employer identification number

SERIES 700, INC.**38-3182887**

Number, street, and room or suite no. (If a P.O. box or outside the United States, see instructions.)

445 ANTIGUA LANE

City or town, state, and ZIP code

PALM BEACH**FL 33480**

Check type of return to be filed:

☐ Form 990-C
☐ Form 1120
☐ Form 1120-A
☐ Form 1120-F☐ Form 1120-FSC
☐ Form 1120-H
☐ Form 1120-L
☐ Form 1120-ND☐ Form 1120-PC
☐ Form 1120-POL
☐ Form 1120-REIT
☐ Form 1120-RIC☒ Form 1120S
☐ Form 1120-SF☐ Form 1120-E filers: Check here if the foreign corporation does not maintain an office or place of business in the United States ☐**1 Request for Automatic Extension (see instructions)****a Extension date.** I request an automatic 6-month (or, for certain corporations, 3-month) extension of timeuntil **9/17/01**, to file the income tax return of the corporation named above for ☒ calendar
year 20 **00** or ☐ tax year beginning _____, and ending _____**b Short tax year.** If this tax year is for less than 12 months, check reason:☐ Initial return ☐ Final return ☐ Change in accounting period ☐ Consolidated return to be filed**2 Affiliated group members (see instructions).** If this application also covers subsidiaries to be included in a consolidated return, provide the following information:

Name and address of each member of the affiliated group	Employer identification number	Tax period

3 Tentative tax (see instructions)**3****0****4 Payments and refundable credits: (see instructions)****a Overpayment credited from prior year****4a****b Estimated tax payments for the tax year****4b****c Less refund for the tax year applied
for on Form 4466****4c**Bal **▶****4d****e Credit for tax paid on undistributed capital gains (Form 2439)****4e****f Credit for Federal tax on fuels (Form 4136)****4f****5 Total.** Add lines 4d through 4f (see instr.)**5****0****6 Balance due.** Subtract line 5 from line 3. Deposit this amount using the Electronic Federal
Tax Payment System (EFTPS) or with a Federal Tax Deposit (FTD) Coupon (see instructions)**6****0**

Signature. Under penalties of perjury, I declare that I have been authorized by the above-named corporation to make this application, and to the best of my knowledge and belief, the statements made are true, correct, and complete.

(Signature of officer or agent)

(Title)

(Date)