

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075538

1. Entity Name

636 INCORPORATED

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

04-21-2000 90051 024 ***150.00

Principal Place of Business

Mailing Address

238 CARDINAL LANE
DELRAY BEACH FL 33445

P.O. BOX 212
DELRAY BEACH FL 33447-0212

2. Principal Place of Business

636 East Atlantic Ave.

3. Mailing Address

P.O. Box 212

Suite, Apt. #, etc.

Delray Beach, FL

Suite, Apt. #, etc.

Delray Beach FL

City & State

33483 USA

City & State

33447-0212

Zip

Country

Zip

Country

USA

4. FEI Number

65-0538509

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SANDERSON, DAVID
238 CARDINAL LANE
DELRAY BEACH FL 33445

Name Sanderson, David

Street Address (P.O. Box Number is Not Acceptable)

636 East Atlantic Ave.

Delray Beach, FL 33483

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

David Sanderson

David Sanderson

4/13/00

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, 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

TITLE	D	<input type="checkbox"/> Delete
NAME	SANDERSON, DAVID	
STREET ADDRESS	238 CARDINAL LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33445	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Sanderson, David	
STREET ADDRESS	636 East Atlantic Ave.	
CITY-ST-ZIP	Delray Beach, FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

David Sanderson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

David Sanderson 4/13/00 5612768750

CR2E034 (9/99)