

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P94000075538

1. Entity Name

636 INCORPORATED

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

04-30-2001 90056 008 \*\*\*150.00

Principal Place of Business

238 CARDINAL LANE  
DELRAY BEACH FL 33445

Mailing Address

P.O. BOX 212  
DELRAY BEACH FL 33447

2. Principal Place of Business

636 East Atlantic Ave

3. Mailing Address

Po Box 212

Suite, Apt. #, etc.

Delray Beach, FL

Suite, Apt. #, etc.

Delray Beach, FL.

City & State

33483 USA

City & State

33447 USA

Zip

Country

Zip

Country

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

SANDERSON, DAVID  
238 CARDINAL LANE  
DELRAY BEACH FL 33445

7. Name and Address of New Registered Agent

Name

Sanderson, David

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

636 East Atlantic Ave

City

Delray Beach

Zip Code

33483

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

4/24/01

Signature typed or printed name of registered agent acceptable if applicable. NOTE: Registered Agent signature required when resigning.

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	<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		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	Sanderson, David	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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		
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

4/24/01

Date

561 276 8750

Customer Phone #

CR2E034 (10/00)