

2000 UNIFORM BUSINESS REPORT (UBR)

FILED  
Aug 03, 2000 8:00 am  
Secretary of State  
08-03-2000 90092 048 \*\*\*550.00

DOCUMENT # P94000086215  
1. Entity Name  
7826 NW 40 COURT, INC.

Principal Place of Business  
8105 NW 94 AVE  
TAMARAC FL 33321  
US

Mailing Address  
8105 NW 94 AVE  
TAMARAC FL 33321-1441  
US

2. Principal Place of Business  
Suite, Apt #, etc.  
City & State  
Zip Country

3. Mailing Address  
Suite, Apt #, etc.  
City & State  
Zip Country



DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0539344 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent  
SORY, STEVE  
8105 NW 94 AVE  
TAMARAC FL 33321

7. Name and Address of New Registered Agent  
Name Spry, Steve  
Street Address (P.O. Box Number is Not Acceptable) 8105 NW 94th AVE  
City Tamarac FL Zip Code 33321

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] DP 3/18/00  
(NOTE: Registered Agent signature required when reinstating)

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

TITLE DP	NAME SORY, ARDYTH J	STREET ADDRESS 8105 NW 94 AVE	CITY-ST-ZIP TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE V	NAME SORY, STEVE	STREET ADDRESS 8105 NW 94 AVE	CITY-ST-ZIP TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE DP	NAME Spry, Steve	STREET ADDRESS 8105 NW 94th AVE	CITY-ST-ZIP Tamarac FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	NAME Spry, Ardyth J.	STREET ADDRESS 8105 NW 94th AVE	CITY-ST-ZIP Tamarac FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: [Signature] DP 3/18/00 954-562-9321  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)