

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 13, 2002 8:00 am
Secretary of State
 05-13-2002 90113 002 ***150.00

DOCUMENT # P95000017746

1. Entity Name
INITIAL FOCUS CORPORATION

Principal Place of Business
12671 YARDLEY DR
BOCA RATON FL 33428
US

Mailing Address
8122 GLADES RD.
SUITE 234
BOCA RATON FL 33434
US

B0097600



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address
8130 Glades Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.
234

City & State

City & State
Boca Raton, FL

4. FEI Number
65-0570868

Applied For
 Not Applicable

Zip

Country

Zip
33434

Country

USA

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

HEMPSTEAD, TODD
12671 YARDLEY DR
BOCA RATON FL 33428

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, 2002 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
PD
 NAME
TODD, HEMPSTEAD
 STREET ADDRESS
12671 YARDLEY DR
 CITY-ST-ZIP
BOCA RATON FL 33428

☐ Delete

TITLE
ST
 NAME
NANCY HEMPSTEAD
 STREET ADDRESS
12671 YARDLEY DR
 CITY-ST-ZIP
BOCA RATON FL 33428

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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:

ST HEMPSTEAD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/02

Date

Daytime Phone #

CR2E034 (9/01)