2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P95000027923** Aug 16, 2000 8:00 am Secretary of State 1. Entity Name OURS TRULY, INC. 08-16-2000 90004 049 ***150.00 Principal Place of Business Mailing Address 5355 TOWN CENTER RD 5355 TOWN CENTER RD SUITE 801 SUITE 801 **BOCA RATON FL 33486 BOCA RATON FL 33486** 3. Mailing Address 11484 SEAGRASS CIR 2. Principal Place of Business 11484 SEAGRASS CIR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0591502 30c<u>n</u> RATON RATON OCA. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FRIEDMAN, ANDREW R Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER RD SUITE 801 **BOCA RATON FL 33486** 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** DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min, will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSTD** PSTD ☐ Addition CR2E034 (5/00) TITLE TITLE ☐ Delete CHRISTINE LECHNER, CHRISTINE LECHNER NAME NAME STREET ADDRESS 5355 TOWN CENTER RD SUITE 801 STREET ADDRESS 11484 SEAGRASS CIRCLE CITY-ST-ZIP **BOCA RATON FL 33486** CITY-ST-7(P FL 33498 ☐ Delete ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supelied with this filling 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 resport 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 supplemental 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 attach

attachment pg50000 279 23 081500 DW79274

> OURS TRULY, Inc. 11484 Seagrass Circle BOCA Raton, FL 33498

DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS

P. O. Box 1500 TALLAHASSEE, FL 32302-1500

08 - 10 - 2000

Referring: OURS TRULY, Inc.

Document # P95000027923 FEI Number 65-059 1502

Ladies and Gentlemen,

when I received the **2000 Uniform Business Report / Second Notice** a few days ago I was simply shocked, as I **never** received a **First Notice**. This I can state of my word of honor. I assume that this was a misunderstanding, therefore please accept my payment of \$ 150, without a penalty.

Very truly yours

\; `i'

OURS TRULY, Inc. Christine Lechner

(PSTD)

Enclosure