

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000034700

1. Entity Name

FOURSOME ENTERPRISES, INC.

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90038 003 ***150.00

Principal Place of Business

Mailing Address

505 S. FLAGLER DR.

#1001

WEST PALM BEACH FL 33401

505 S. FLAGLER DR.

#1001

WEST PALM BEACH FL 33401-5949

2. Principal Place of Business

250 Australian Avenue

Suite, Apt. #, etc.

1550 Clearlake Centre

City & State

West Palm Beach, Florida

Zip

33401

Country

USA

3. Mailing Address

250 Australian Avenue

Suite, Apt. #, etc.

1550 Clearlake Centre

City & State

West Palm Beach, Florida

Zip

33401

Country

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0578958

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

SCHNEIDER, JOHN C

505 S. FLAGLER DR.

#1001

WEST PALM BEACH FL 33401

Name

Schneider, John C.

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

250 Australian Avenue

1550 Clearlake Centre

City

West Palm Beach

FL

Zip Code
33401

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, 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 ☐ Delete

P
NAME CAVALLIN, IRENE
STREET ADDRESS 3 DORCHESTER CIRCLE
CITY-ST-ZIP WEST PBG FL 33418

TITLE ☐ Delete

D
NAME CAVALLIN, IRENE
STREET ADDRESS 3 DORCHESTER CIRCLE
CITY-ST-ZIP WEST PBG FL 33418

TITLE ☐ Delete

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete

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TITLE ☐ Delete

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TITLE ☐ Change ☐ Addition

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TITLE ☐ Change ☐ Addition

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CITY-ST-ZIP

TITLE ☐ Change ☐ 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:

Signature of Irene Cavallin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00
Date

Daytime Phone #

CR2E034 (9/99)