

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90040 031 ***158.75

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Entity Name
THE 5060 GROUP, INC.

Principal Place of Business Mailing Address
NO. LAKESIDE DRIVE 303 NO. LAKESIDE DRIVE
WORTH FL 33460 LAKE WORTH FL 33460-3512



DO NOT WRITE IN THIS SPACE

Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

4. FEI Number **65-0585759** Applied For
 Not Applicable

Zip Country Zip Country

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

6. Name and Address of Current Registered Agent
FINCANNON, LAURA L
303 NO. LAKESIDE DRIVE
LAKE WORTH FL 33460

7. Name and Address of New Registered Agent
 Name **Nancy E. Randles**
 Street Address (P.O. Box Number is Not Acceptable) **303 N. Lakeside Dr.**
 City **Lake Worth** FL Zip Code **33460**

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]* **President** DATE **3/6/00**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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**

OFFICERS AND DIRECTORS		
PD	RANDES, NANCY E	<input type="checkbox"/> Delete
STREET ADDRESS	303 NO. LAKESIDE DRIVE	
ST-ZIP	LAKE WORTH FL	
CD	FINCANNON, LAURA L	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	303 NO. LAKESIDE DRIVE	
ST-ZIP	LAKE WORTH FL	
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete
		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
PIT/SD	Randles, Nancy E.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	303 N. Lakeside Dr.	
CITY-ST-ZIP	Lake Worth, FL 33460	
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition
		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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]* DATE **3/5/00** DAYTIME PHONE #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)