2002 Uniform Business Report (UBR)

Shim ATTZOSS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

2002 Uniform Business Report (UBR)						FILED - Apr 15, 2002, 8:00 am				
DOCUMENT # P9500063937 1. Entity Name					Apr 15, 2002 8:00 am Secretary of State					
PAYLE IN	IC.					04-13-2002 90	025 015	150.0	.0	
Principal Plac	e of Business	Mailing Address								
200 BUSINESS PARKWAY 200 BUSINESS PARKW SUITE C SUITE C			1							
ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL			33411							
2. Principal Place of Business 3. Mailing Address							[14]]	11 11 1 1 1 1 1 1 1		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & State City & State						FEI Number 65-0614968			plied For t Applicable	
Zip	Country	Zip	Countr	у	5. C	Certificate of Status Desired	11 7	8.75 Add		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent						
MCINTOSH, HENRY PAYNE			-	Name Street Address (P.O. Box Number is Not Acceptable)						
200 BUSINESS PARKWAY SUITE C										
ROYAL PALM BEACH FL 33411				City FL Zip Code)	
8. The above	named entity submits this statement for	the purpose of changing its	registere	d office or registe	ered age	ent, or both, in the State of Flori	da.			
SIGNATURE.										
ď	Signature, typed or printed name of registered agent a	·		Agent signature require	ed when re	instating)	DATE			
9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW After May 1, 20 Make Check Paya)2 Fee w	/III be \$550.00	ate	10. Election Campaign Final Trust Fund Contribution.	ncing		May Be to Fees	
11.	OFFICERS AND I		12.		AD	DITIONS/CHANGES TO OFFIC				
TITLE NAME	D NOINTOCH HENDY D	Delete	TITLE				1	☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	MCINTOSH, HENRY P 330 E. LAKEWOOD RD. W PALM BEACH FL 33405	OOD RD.		T ADDRESS ST-ZIP					 	
TITLE	D	☐ Delete	TITLE			÷ 9 at		Change	☐ Addition	
STREET ADDRESS	330 E. LAKEWOOD RD.		11	T ADDRESS						
CITY-ST-ZIP TITLE	W PALM BEACH FL 33405	Delete	TITLE) I - ZIF				Change	Addition _	
NAME			NAME	T ADDRESS						
STREET ADDRESS CITY-ST-ZIP			CITY-S	I						
TITLE NAME		☐ Delete	TITLE				l	Change	☐ Addition	
STREET ADORESS CITY-ST-ZIP			STREET CITY-S	r address St-zip						
TITLE		Delete	TITLE					Change	Addition	
NAME STREET ADDRESS CHTY-ST-ZIP		,	NAME STREE CITY-S	T ADDRESS						
TITLE		Delete	TITLE	J - ZIF				Change	Addition	
NAME STREET ADDRESS			NAME STREE	r address					}	
CITY-ST-ZIP			CITY-S	ST-ZIP						
13. I hereby of indicated of the corchanged,	certify that the information supplied with on this report or supplemental report is poration or the receiver or trustee empo or on an attachment with an address, w	this filing does not qualify for true and accurate and that m wered to execute this report with all other like em owered.	the exem ny signatu as require	nption stated in S ire shall have the ed by Chapter 60	Section 1 e same l 07, Florid	119.07(3)(i), Florida Statutes. I f legal effect as if made under oa da Statutes; and that my name	urther certif th; that I am appears in I	y that the in i an officer ∈ 3lock 11 or	tormation or director Block 12 if	

Date

Daytime Phone #