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## 2002 UNIFORM BUSINESS REPORT (UBR)

## Feb 11, 2002 8:00 am P95000072418 DOCUMENT # **Secretary of State** 02-11-2002 90161 028 \*\*\*150.00 ELIZABETH ANN DICKERHOOF, M. ED., INC. Principal Place of Business Mailing Address 5600 N FLAGLER OR 5600 N FLAGLER DR 107413 STE 901 STE 901 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0609233 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Orekerhoof-Fire bethe Street Address (P.O. Box Number is Not Acceptable) 5600 North Flagles Press, DICKERHOOF, ELIZABETH ANN 5600 POINSETTIA AVENUE SUITE 901 WEST PALM BEACH FL 33407 Zip Code 3340 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. (9/01) TITLE TITLE ☐ Delete Dickerhoof, Elizabeth ANA M.EO. DICKERHOOF, ELIZABETH ANN M ED. NAME 5400 North Flagler Drive, Suite 401 5600 POINSETTIA AVENUE, UNIT 901 CR2E034 CREET ADDRESS CITY-ST-ZIP STREET ADDRESS WEST PALM BEACH FL 33407 CITY-ST-ZIP West Palm Beach, FL ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 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.

ALLIZED AND DICKET LOOF, 1-05-02