

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2001 8:00 am
Secretary of State
 04-11-2001 90025 048 ***150.00

DOCUMENT # P95000084659

1. Entity Name
CODE 3 RESPONSE INC

Principal Place of Business
2300 PALM BEACH LAKES BLVD
STE 222
WEST PALM BEACH FL 33409
US

Mailing Address
2300 PALM BEACH LAKES BLVD
STE 222
WEST PALM BEACH FL 33409
US

2. Principal Place of Business
4823 WEST ATLANTIC

3. Mailing Address
AV. 4823 WEST ATLANTIC

Suite, Apt. #, etc.
 City & State
DELMAY BEACH, FL.
 Zip
33445
 Country
US

Suite, Apt. #, etc.
 City & State
DELMAY BEACH, FL.
 Zip
33445
 Country
US



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0621476**
 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

EMIDDIO, VINCENT
4887 VIA PALM LAKE
APT 508
WEST PALM BEACH FL 33417

Name
EMIDDIO, VINCENT
 Street Address (P.O. Box Number is Not Acceptable)
1727 POLO LAKE DR E.
 City
WELLINGTON **FL** Zip Code
33414

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 *Vincent Emiddio* / President DATE *4/6/01*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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, 2001 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 NAME STREET ADDRESS CITY-ST-ZIP	P EMIDDIO, VINCENT 4887 VIA PALM LAKE, APT 508 WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Vincent Emiddio* / VINCENT EMIDDIO (561) 689-6757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)