2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P96000023150** May 03, 2000 8:00 am Secretary of State CORPORATE GROWTH CONSULTANTS, INC. 05-03-2000 90116 046 ***150.00 Principal Place of Business Mailing Address P.O. BOX 13202 P.O. BOX 13202 PENSACOLA FL 32591-3202 PENSACOLA FL 32591-3202 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0665988 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HUSKEY, J. DAVID JR. Street Address (P.O. Box Number is Not Acceptable) 2455 E. SUNRISE BLVD. PENTHOUSE WEST FORT LAUDERDALE FL 33304 Zip Code 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Addition Change TITLE ☐ Delete TITLE NAME NAME GORDON, SETH STREET ADDRESS STREET ADDRESS 444 BRICKELL SUITE 1050 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Change Addition Delete TITLE PTD TITLE NAME NAME Griffith, G. Kay -STREET ADDRESS STREET ADDRESS PO BOX 13202 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32591-3202 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME MCGEE, C. EDWARD JR. STREET ADDRESS 2455 E. SUNRISE BLVD., PENTHOUSE WEST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33304 Addition TITLE ☐ Change TITLE ☐ Delete NAME BARER, HEIDI NAME STREET ADDRESS STREET ADDRESS 905 S. BAYSHORE DRIVE, SUITE 727 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.