2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000054323** Feb 15, 2000 8:00 am Secretary of State BEYOND THE BOARD, INC. 02-15-2000 90033 037 ***150.00 Principal Place of Business Mailing Address 760 US HWY 1 760 US HWY 1 STE 205 STE 205 N PALM 8CH FL 33408-4423 N PALM BCH FL 33408 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUZTE 304 SUITE Applied For City & State 4. FEI Number City & State 65-0684967 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent METTLER, PETER W Street Address (P.O. Box Number is Not Acceptable) 140 ROYAL PALM WAY SUITE 202 PALM BEACH FL 33480 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. **PSD** Change ☐ Addition Delete TITLE SINGER, ROBERT W NAME STREET ADDRESS 760 US HWY 1 STE 205 STREET ADDRESS CITY-ST-ZIP N PALM BCH FL CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE SINGER, ROBERT W NAME NAME 760 US HWY 1 STE 205 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP N PALM BCH FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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2/10/2000