

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000056865

1. Entity Name

WRITE AWAY REPORTING INC.

FILED
Jan 19, 2000 8:00 am
Secretary of State

01-19-2000 90285 012 ***150.00

Principal Place of Business

Mailing Address

5710 NW 62ND ST
PARKLAND FL 33067

5710 NW 62ND ST
PARKLAND FL 33067-4432

2. Principal Place of Business

12322 St. Simon Drive

3. Mailing Address

12322 St. Simon Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Boca Raton

City & State

Boca Raton, Florida

4. FEI Number

65-0677402

Applied For

Not Applicable

Zip

Country

Florida

33428

Zip

Country

33428

USA

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

TICE, MARNI CHRIS
5710 NW 62ND ST
PARKLAND FL 33067

Name

Street Address (P.O. Box Number is Not Acceptable)

12322 St. Simon Drive

City Boca Raton

FL

Zip Code

33428

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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, 2000 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 CTPD ☐ Delete
NAME TICE, MARNI CHRIS
STREET ADDRESS 5710 NW 62ND ST
CITY-ST-ZIP PARKLAND FL 33067

TITLE ☒ Change ☐ Addition
NAME 12322 St. Simon Drive
STREET ADDRESS Boca Raton, Florida 33428
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)