## 2000 UNIFORM BUSINESS REPORT (UBR)

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## FILED DOCUMENT # P96000064784 May 11, 2000 8:00 am Secretary of State 1. Entity Name DT 100, INC. 05-11-2000 90089 001 \*\*\*750 00 Mailing Address Principal Place of Business 215 5TH STREET 215 5TH STREET SUITE 108 SUITE 108 WEST PALM BEACH FL 33401-4026 WEST PALM BEACH FL 33401 US 2. Principal Place of Business 3. Mailing Address 2000 N. Florida Mansold 2000 N. Florida Mongo ed #Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #200 Applied For City & State 4. FEI Number 65-0837029 **BA** Not Applicable Palm beach 33409 \$8.75 Additional Beach 33°4009 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GIORDANO, JOHN N 220 SOUTH FRANKLIN STREET TAMPA-FL-33602 City DPP 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. (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550,00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition TITLE Delete TITLE HEATON, LINN NAME NAME STREET ADDRESS 2000 N FLORIDA MANGO ROAD #200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Delete TITLE TITLE ee Heaton NAME NAME 12000 N. Florida Mango Rd. #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JPB FL CITY-ST-ZIP Addition ☐ Change ☐ Delete TOLE TITLE Debotan Dentry Baggett 2000 N. Florida Mango Rd Azov NAME NAME STREET ADDRESS STREET ADDRESS FC 33409 CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ADDECC CITY-ST-ZIP ST-ZIP Change ☐ Addition Delete TITLE MARKE STREET ADDRESS ADDDESS CITY-ST-70 ST-ZIP Change □ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP 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.

561-697:5252