

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 30, 2000 8:00 am
Secretary of State

05-30-2000 90101 036 ***150.00

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CLIENT BUILDERS, INC.

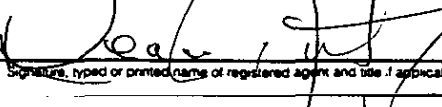
00057986

1. Principal Place of Business 1700 N. STATE ROAD 7 #221 FT. LAUDERDALE, FL 33319		Mailing Address 4700 N. STATE ROAD 7 #221 FT. LAUDERDALE, FL 33319	
2. Principal Place of Business 825 N. UNIVERSITY DR. Suite, Apt. #, etc. 410		3. Mailing Address 825 N. UNIVERSITY DR. Suite, Apt. #, etc. 410	
City & State CORAL SPRINGS, FL		City & State CORAL SPRINGS, FL	
Zip 33065	Country USA	Zip 33065	Country USA

DO NOT WRITE IN THIS SPACE

8. Name and Address of Current Registered Agent KENT, DONNA J. 1700 N. STATE ROAD 7 #221 FT. LAUDERDALE, FL 33319		7. Name and Address of New Registered Agent Name DONNA J. KENT Street Address (P.O. Box Number is Not Acceptable) 825 N. UNIVERSITY DR. #410 City CORAL SPRINGS FL Zip Code 33065	
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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 	(NOTE: Registered Agent signature required when resigning)	DATE
9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. ☐		10. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$350.00 Make Check Payable to Department of State		

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP D DONNA J. KENT 5251 NW 96 DR. CORAL SPRINGS, FL 33076	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D LOURDES LAVASTIOA 5251 NW 96 DRIVE CORAL SPRINGS, FL 33076	☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP D TRACY MARTIN 255 NW 100 AVE PLANTATION, FL 33324	☐ Change ☒ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119 (37.001), Florida Statutes. I further certify that the information included in this report or supplemental report is true and accurate and that my signature shall have the same legal effect as I 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, or in an attachment with an address, with a power of attorney.