

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 24, 2001 8:00 am**  
**Secretary of State**  
 05-24-2001 90322 009 \*\*\*150.00

**DOCUMENT #** P96000069702  
**1. Entity Name**  
 Boca Barpoons of Melbourne, Inc.

**Principal Place of Business** 2800 Harbor City Blvd. North  
 Melbourne, FL 32935  
**Mailing Address** 17760 Fieldbrook Circle  
 Boca Raton, FL 33496

**2. Principal Place of Business**  
 Suite, Apt. # etc.  
**3. Mailing Address** 3030 Castle Pines Drive  
 Suite, Apt. #, etc.

**City & State** Duluth, GA  
**Zip** 30097  
**Country** USA

**4. FEI Number** 59-3404750  
**Applied For** ☐ Not Applicable  
**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 Schaum, Mark A. Esq.  
 2300 Corporate Blvd. #137  
 Boca Raton, FL 33431

**7. Name and Address of New Registered Agent**  
**Name** Wollstein, Cynthia  
**Street Address (P.O. Box Number is Not Acceptable)** 190 NW 20th Street  
**City** Boca Raton **FL** **Zip Code** 33431

**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** C. L. Wollstein C. L. Wollstein **DATE** 4/27/01  
(Signature, typed or printed name of registered agent and title if applicable.) (NOT) Registered Agent signature required when reinstating)

**9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.** ☐  
**FILE NOW! FEE IS \$150.00**  
**After MAY 1, 2001 Fee will be \$550.00**  
**Make Check Payable to Department of State**  
**10. Election Campaign Financing** ☐ **\$5.00 May Be Added to Fees**  
 Trust Fund Contribution.

11. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> Delete
NAME	Wollstein, Cynthia	
STREET ADDRESS	17760 Fieldbrook Circle	
CITY-ST-ZIP	Boca Raton, FL 33496	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3030 Castle Pines Drive	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3030 Castle Pines Drive	
CITY-ST-ZIP	Duluth, GA 30097	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 no 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:** C. L. Wollstein C. L. Wollstein **DATE** 4/27/01 **Daytime Phone #** 678-473-0243  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/00)