

**2000 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # P96000070778**

1. Entity Name

**PENTAD CORPORATION****FILED**  
**May 04, 2000 8:00 am**  
**Secretary of State**

05-04-2000 90100 027 \*\*\*150.00

Principal Place of Business

Mailing Address

5725 CORPORATE WAY  
STE 106  
WEST PALMB HC FL 33407  
US5725 CORPORATE WAY  
STE 106  
WPM FL 33407-2036  
US

2. Principal Place of Business

3. Mailing Address

222 Lakeview Avenue222 Lakeview Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 800Suite 800

City &amp; State

City &amp; State

West Palm Beach, FloridaWest Palm Beach, Florida

Zip

Country

Zip

Country

3340133401

4. FEI Number

65-0704194

Applied For

Not Applicable

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

Name

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

222 Lakeview Avenue, Suite 800West Palm Beach, Florida 33401

City

West Palm Beach, Florida**FL**Zip Code  
33401

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 **D** ☐ Delete  
NAME **BRYANT, WILLIAM J**  
STREET ADDRESS **204 WEST OCEAN BLVD.**  
CITY-ST-ZIP **STUART FL 34994**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **JAMES, KEITH A**  
STREET ADDRESS **5725 CORPORATE WAY, STE 106**  
CITY-ST-ZIP **W PALM BCH FL 33407**TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **222 Lakeview Drive, Suite 800**  
CITY-ST-ZIP **West Palm Beach, Florida 33401**TITLE **D** ☐ Delete  
NAME **LEE, LARRY JR.**  
STREET ADDRESS **2209 SOUTH 25TH ST**  
CITY-ST-ZIP **FORT PIERCE FL 34947**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **NELSON, TONY D**  
STREET ADDRESS **219 WEST ADAMS ST STE 504**  
CITY-ST-ZIP **JACKSONVILLE FL 32202**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE **D** ☐ Delete  
NAME **THOMAS, JOHN C**  
STREET ADDRESS **508 EAST PARK AVENUE**  
CITY-ST-ZIP **TALLAHASSEE FL 32301**TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ 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: Keith A. James, Director  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)