

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P96000075265

1. Entity Name

ONE TRUST, INC.

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

07-19-2000 90014 023 ***550.00

Principal Place of Business

320 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950

Mailing Address

320 SOUTH INDIAN RIVER DRIVE
FORT PIERCE FL 34950

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3407414

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

JAMES, KEITH A
5725 CORPORATE WAY
SUITE 106
WEST PALM BEACH FL 33407

Name

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

City

FL

Zip Code

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 \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
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 WILLIAMS, LORENZO
STREET ADDRESS 320 SOUTH INDIAN RIVER DRIVE
CITY-ST-ZIP FORT PIERCE FL 34950

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

TITLE D ☐ Delete
NAME BENTON, MARGARET
STREET ADDRESS 800 VIRGINIA AVENUE
CITY-ST-ZIP FORT PIERCE FL 34982

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

TITLE D ☐ Delete
NAME WILLIAMS, MARJOROE
STREET ADDRESS 966 NW BAYSHORE BOULEVARD
CITY-ST-ZIP PORT ST. LUCIE FL 34983

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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
NAME
STREET ADDRESS
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-14-00

Date

561-464-2352

Daytime Phone #

CR2E034 (5/00)

Attachment
P960000015265
D0072002

ONE TRUST, INC.
320 SOUTH INDIAN RIVER DRIVE
FORT PIERCE, FL 34950
(561) 464-2352

July 12, 2000

Department of State
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

RE: ONE TRUST, INC.
UNIFORM BUSINESS REPORT

Dear Sir / Madam:

Enclosed please find the 2000 Uniform Business Report for One Trust, Inc. along with our check #412 in the amount of \$550.00 as payment of the filing fee.

Should you have any questions or require any additional information, please do not hesitate to contact me.

Sincerely,


Lorenzo Williams, Esquire

LW:tlh
Enclosures: As Indicated