## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # **P96000095230** Jan 19, 2000 8:00 am **Secretary of State** SENTINEL ELEVATOR COMPANY 01-19-2000 90005 008 \*\*\*150.00 Mailing Address Principal Place of Business 1900 N.W. 33RD COURT, BAY #11 1900 N.W. 33RD COURT. BAY #11 POMPANO BEACH FL 33064 POMPANO BEACH FL 33064-1332 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0709853 Not Applicable \$8.75 Additional Zip Country Country Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEEK, DONALD G Street Address (P.O. Box Number is Not Acceptable) 1900 N.W. 33RD COURT, BAY #11 POMPANO BEACH FL 33064 Zip Code City FL 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 reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Flection Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 1125-673 ☐ Change ☐ Addition ☐ Detete TITI F TITLE NAME PEEK, DONALD G STREET ADDRESS STREET ADDRESS 1900 N.W. 33RD COURT, BAY #11 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change -T1T1 F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: DE OU PRES.

NAME STREET ADDRESS

CITY-ST-ZIP

12-31-99

954 979 1964