## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P97000027827 Feb 02, 2000 8:00 am **Secretary of State** SOMEPLACE ELSE, INC. 02-02-2000 90045 034 \*\*\*150.00 Mailing Address Principal Place of Business 1301 10TH STREET 1301 10TH STREET LAKE PARK FL 33403-2034 LAKE PARK FL 33403 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0745332 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KICHARD PEMPER, RONALD Street Address (P.O. Box Number is Not Acceptable) . **1301 10TH STREET** LAKE PARK FL 33403 STREE 130 of changing its registered office or registered agent, or both, in the State of Florida The above named entity ubmits this statement for the purpose TE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible, 10. Election 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE DAY, DOREEN L NAME NAME STREET ADDRESS **1301 10TH STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL 33403 Addition ☐ Change TITLE ☐ Delete TITLE DAY, RICHARD NAME NAME STREET ADDRESS STREET ADDRESS STREET 10 CITY-ST-ZIP CITY-ST-ZIP Defete THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP $\hfill \square$ Addition Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby certify that the information supplied win this tiling 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 SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR