2002 UNIFORM BUSINESS REPORT (UBR)

P97000035515

DÖCÜMENT#

1. Entity Name

TITLE

NAME

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

01-07-2002 90007 039 ***150.00 SETCO, INC. Principal Place of Business Mailing Address 4605 SOUTH OCEAN BLVD..S TE 4C 4605 SOUTH OCEAN BLVD S TE 4C HIGHLAND BEACH FL 33487 HIGHLAND BEACH FL 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0753311 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SETTLER, EUGENE B Street Address (P.O. Box Number is Not Acceptable) 4605 SOUTH OCEAN BLVD. S TE 4C HIGHLAND BEACH FL 33487 City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: 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, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. (9/01) ☐ Detete TITLE ☐ Change Addition TITLE SETTLER, EUGENE B NAME NAME 4605 SOUTH OCEAN BLVD., S TE 4C CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH FL 33487 CITY-ST-ZIP **VPS** ☐ Delete TITLE ☐ Change ☐ Addition TITLE SETTLER, MARGERY NAME NAME STREET ADDRESS 4605 SOUTH OCEAN BLVD., S TE 4C STREET ADDRESS CITY-ST-ZIP HIGHLAND BEACH FL 33487 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

☐ Delete

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 crustee empowered to execute this deport 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.

FILED

Jan 07, 2002 8:00 am Secretary of State

Change

☐ Addition