2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wit

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNIA

Jan 27, 2000 8:00 am Secretary of State DOCUMENT # P9700036106 1. Entity Name WILLIAM B. BIGGER, P.A. 01-27-2000 90097 049 ***150.00 Principal Place of Business Mailing Address 3701 N.W. 35TH STREET 3701 N.W. 35TH STREET COCONUT CREEK FL 33302-0280 COCONUT CREEK FL 33066 2. Principal Place of Business 3. Mailing Address 2385 Executive Center Dr. 2385 Executive Center Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite #150 Suite #150 4. FEI Number Applied For City & State City & State 65-0747359 Boca Raton, Fla. Not Applicable Boca Raton, Fla. Zip ___ Country \$8.75 Additional Zio Country 5. Certificate of Status Desired Fee Required USA 33431 US6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIGGER, WILLIAM B Street Address (P.O. Box Number is Not Acceptable) 2385 Executive Center Drive 3701 N.W. 35TH STREET **COCONUT CREEK FL 33066** Suite #150 ^{Zip Code} 333431 ^{Cit}Boca Raton 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 ATax filing requirement and elects to do so. 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 11. TITLE Director & President **Change** Delete TITLE BIGGER, WILLIAM B NAME NAME 2385 Executive Center Dr., #150 STREET ADDRESS STREET ADDRESS 3701 N.W. 35TH STREET CITY-ST-ZIP Boca Raton, Fla., 33431 CITY-ST-ZIP **COCONUT CREEK FL 33066** Change ☐ Addition Delete 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-ZIP ☐ Addition □ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete • TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP * des not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 13. I hereby certify that the information supplied with this filing indicated on this report or supplemental aport is true and begin to during for the exemption is also in the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver

🏋 📆 William B. Bigger

FILED

(561) 995-5150