

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91467 039 ***150.00

DOCUMENT # P97000053592

1. Entity Name
2000 PLUS, INC.



Principal Place of Business
**17 ROSE DRIVE
FORT LAUDERDALE FL 33316
US**

Mailing Address
**17 ROSE DRIVE
FORT LAUDERDALE FL 33316
US**

2. Principal Place of Business
307 PALMETTO AVE
Suite, Apt. #, etc.

3. Mailing Address
307 PALMETTO AVE
Suite, Apt. #, etc.

City & State
MELBOURNE FL

City & State
MELBOURNE FL

Zip Country
32901 BREVARD

Zip Country
32901 BREVARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0760894** Applied For
65-0005585 Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**NICHOL, HOLLY D
17, ROSE DR
FORT LAUDERDALE FL 33316**

7. Name and Address of New Registered Agent

Name **HOLLYDNICHTOL**
Street Address (P.O. Box Number is Not Acceptable)
307 PALMETTO AVE
City **MELBOURNE** FL Zip Code **32901**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Holly D. Nichol* DATE 4/25/2003
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
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D NICHOL, HOLLY D 1799 7TH AVENUE NORTH LAKE WORTH FL 33461	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLLY D NICHOL 307 PALMETTO AVE MELBOURNE FL 32901	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Holly D. Nichol* DATE 4/25/2003 561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 644-5866
Daytime Phone #

CR2E034 (10/02)