

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 17, 2000 8:00 am**  
**Secretary of State**  
 04-17-2000 90018 022 \*\*\*150.00

**DOCUMENT # P97000068855**

1. Entity Name  
**DELRAY HEATWAVE, INC.**

Principal Place of Business

Mailing Address

1701 S FEDERAL HWY  
 BCH FL 33483

P.O. BOX 3026  
 DELRAY BEACH FL 33447-3026  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0776595**

Applied For  
 Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**KIRK, WILLIAM N**  
**926 SW 37TH COURT**  
**BOYNTON BEACH FL 33435**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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)

DATE

9. This corporation is eligible to satisfy its Intangible  
 Tax filing requirement and elects to do so.  
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<b>DSTV</b>	<input type="checkbox"/> Delete
NAME	<b>KIRK, WILLIAM N</b>	
STREET ADDRESS	<b>926 S.W. 37TH COURT</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33447</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>KATHERINE KIRK</b>	
STREET ADDRESS	<b>926 SW 37TH COURT</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL 33447</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>SKAYE A KIRK</b>	
STREET ADDRESS	<b>761 SUGARLOAF BLVD</b>	
CITY-ST-ZIP	<b>SUMMERLAND KEY FL 33042</b>	
TITLE	<b>VPD</b>	<input type="checkbox"/> Delete
NAME	<b>ALBERT J KIRK</b>	
STREET ADDRESS	<b>761 SUGARLOAF BLVD</b>	
CITY-ST-ZIP	<b>SUMMERLAND KEY FL 33042</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 both a like employment.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)