

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000072186

1. Entity Name

WOERNER EAST MARKETING, INC.

FILED
May 10, 2000 8:00 am
Secretary of State

05-10-2000 90102 037 ***150.00

Principal Place of Business

505 S FLAGLER DR
 STE 606
 WEST PALM BEACH FL 33401
 US

Mailing Address

505 S FLAGLER DR
 STE 606
 WEST PALM BEACH FL 33401-5945
 US

2. Principal Place of Business

777 S. Flagler Dr.

3. Mailing Address

777 S. Flagler Dr.

Suite, Apt. #, etc.

Suite 1100

Suite, Apt. #, etc.

Suite 1100

City & State
 West Palm Beach, FL

City & State
 West Palm Beach, FL

Zip
 33401

Country
 USA

Zip
 33401

Country
 USA

4. FEI Number 65-0779269

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

CT CORPORATION SYSTEM
 C/O CT CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND RD.
 PLANTATION FL 33324

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	PTD	<input type="checkbox"/> Delete
NAME	WOERNER, LARRY	
STREET ADDRESS	505 S FLAGLER DR, STE 606	
CITY-ST-ZIP	WPB FL 33401	
TITLE	SD	<input type="checkbox"/> Delete
NAME	WOERNER, LESTER J	
STREET ADDRESS	505 S FLAGLER DR, STE 606	
CITY-ST-ZIP	WPB FL 33401	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 S. Flagler Dr., Suite 1100	
STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	777 S. Flagler Dr., Suite 1100	
STREET ADDRESS	West Palm Beach, FL 33401	
CITY-ST-ZIP		
TITLE	AT Steven A. Moses	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	777 S. Flagler Dr., Suite 1100	
STREET ADDRESS	West Palm Beach, FL 33401	
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 all other like empowered.

SIGNATURE:

Steven A. Moses
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/00

(561) 835-3747

CR2E034 (9/99)