

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000073874

1. Entity Name

FINANCIAL ASSIST, INC.

FILED

May 23, 2000 8:00 am
Secretary of State

05-23-2000 90208 029 ***150.00

Principal Place of Business

Mailing Address

~~3227 32ND WAY~~
~~WEST PALM BEACH FL 33407~~

~~3227 32ND WAY~~
~~WEST PALM BEACH FL 33407-5713~~

2. Principal Place of Business

355-2 Prestwick Circle

3. Mailing Address

355-2 Prestwick Circle

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Palm Beach Gardens FL

City & State

Palm Beach Gardens FL

Zip

33418

Country

USA

Zip

33418

Country

USA

4. FEI Number

65-0780664

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

BAKER, INGRID J

~~3227 32ND WAY~~

~~WEST PALM BEACH FL 33407~~

Name

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

355-2 Prestwick Circle

City

Palm Beach Gardens FL

Zip Code

33418

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
NAME
STREET ADDRESS
CITY-ST-ZIP
P
BAKER, INGRID J
~~3227 32ND WAY~~
WEST PALM BEACH FL 33407

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
355-2 Prestwick Circle
Palm Beach Gardens, FL 33418

☒ Change ☐ Addition

TITLE
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CITY-ST-ZIP

☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/29/00 561-630-4650

CR2E034 (9/99)