2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P97000084923

1. Entity Name

TROMBINO & ASSOCIATES, INC.

01-22-2000 90067 021 *****150.00

FILED
00 FEB 21 AM 10:01
SECRETARY OF STATE
TALLAHASSEE FLORIDA

000005524

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
761 NW 4TH CT BOCA RATON FL 33432	761 NW 4TH CT BOCA RATON FL 33432-2501

2. Principal Place of Business	3. Mailing Address
same	same
Suite, Apt. #, etc.: as	Suite, Apt. #, etc.: as
City & State: above	City & State: above
Zip: above Country:	Zip: above Country:

4. FEI Number: 65-0782502 ☐ 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
STAMBAUGH, REGINALD G ESQ. 1400 CENTREPARK BLVD., SUITE 860 W. PALM BEACH FL 33401	Name: A. Michael Trombino Street Address (P.O. Box Number is Not Acceptable): 2805 E. Oakland Park Blvd Ste 317 City: Ft Lauderdale FL Zip Code: 33306

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: _____ _____ DATE: 2/16/00
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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	PD TROMBINO, MICHAEL 761 NW 4TH COURT BOCA RATON FL 33432	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD TROMBINO, SUZANNE 761 NW 4TH COURT BOCA RATON FL 33432	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change SP Addition

CR2E034 (9/99)

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: A. Michael Trombino (TYPED) 800 896 7990 1/12/2000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #