2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE(

SIGNATURE AND TYPED OR PR

FILED DOCUMENT # **P97000088797** Mar 16, 2000 8:00 am Secretary of State FLORANADA DEVELOPMENT CORPORATION 03-16-2000 90071 045 ***150.00 Mailing Address Principal Place of Business 1730 S. FEDERAL HWY 1801 S. FEDERAL HWY #339 STF 237 DELRAY BEACH FL 33483-3309 **DELRAY BEACH FL 33483** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0790870 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ESSER, DAVID P Street Address (P.O. Box Number is Not Acceptable) 1555 S FEDERAL HWY, UNIT 107 **DELRAY BEACH FL 33483** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing Tax filling requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change ☐ Delete TITLE NAME NAME ESSER, DAVID P STREET ADDRESS STREET ADDRESS 1555 S FEDERAL HWY, UNIT 107 CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.