2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 08, 2000 8:00 am DOCUMENT # **P97000099939** Secretary of State FLORIDA INVEST, INC. 02-08-2000 90072 017 ***150.00 Principal Place of Business Mailing Address 1502 OCEAN DUNES CIRCLE 1502 OCEAN DUNES CIRCLE JUPITER FL 33477-9137 JUPITER FL 33477 しいいていいひょ 2. Principal Place of Business 512 BAY COLONY Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0797218 YUNO BEACH JUNO BEACH Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CHARLTON, H R Street Address (P.O. Box Number is Not Acceptable) 1502 OCEAN DUNES CIRCLE JUPITER FL 33477 Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS DHIR CHARLYON TITLE ☐ Change ☐ Delete TITLE CHARLTON, H R NAME 512 BAY COLONY DR. 1502 OCEAN DUNES CIRCLE STREET ADDRESS STREET ADDRESS JUNO BEACH FL 3340B CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 BRENDA J. CHARLTON 512 BAY WONY DR ☐ Addition TITLE TITLE ☐ Delete CHARLTON, BRENDA J NAME STREET ADDRESS STREET ADDRESS 1502 OCEAN DUNES CIRCLE CITY-ST-7IP- 1 -CITY-ST-ZIP. JUPITER: FL: 33477 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.