2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # **P98000004944** KENNETH A. TREADWELL, P.A. 01-25-2000 90055 004 ***150.00 Principal Place of Business Mailing Address 3950 RCA BLVD, STE 5001 3950 RCA BLVD. STE 5001 PALM BEACH GARDENS FL 33410-4227 PALM BEACH GARDENS FL 33410 1410000147 3. Malling Address 2305 Seaford Drive 2. Principal Place of Business 2305 Seaford Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0806117 Not Applicate Wellington, Florida Wellington, Florida \$8.75 Additional Zip 33414 Couptry Palm Beach Country Palm Beach 33214 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TREADWELL, KENNETH A Street Address (P.O. Box Number is Not Acceptable) 2305 Seaford Drive 3950 RCA BLVD, STE 5001 PALM BEACH GARDENS FL 33410 City Wellington Zin Sode 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. readul SIGNATURE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (X) Change ☐ Delete TITLE TREADWELL, KENNETH A NAME 2305 Seaford Drive STREET ADDRESS STREET ADDRESS 3980KRCAXBLVEX.SXEXSOUTXX CITY-ST-ZIP Wellington, Florida 33414 X**RAMMXBEACHVSARDENS**XFK**X33410**XX CITY-ST-ZIP ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Additior □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Additior ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

561-776-5112

Daytime Phone #