

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 26, 2000 8:00 am**
Secretary of State

04-26-2000 90037 017 ***150.00

DOCUMENT # P980000149111. Entity Name
N321WW, INC.Principal Place of Business
c/o Wayne H. Schrader, M.D.
Mailing Address
Unit 506 8650 South Ocean Drive
Jensen Beach, FL 34957

2. Principal Place of Business

3. Mailing Address **c/o Wayne H. Schrader**
8650 South Ocean Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State
Jensen Beach, FL4. FEI Number
EIN 59-3498930Applied For
Not ApplicableZip Country
34957 USA5. 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

Litchford & Christopher, Professional Association
390 North Orange Avenue, Suite 2200
Orlando, FL 32801

Name

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

City

FL

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

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 State10. 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 **D** ☐ Delete
NAME **TAYLOR, Alan B.**
STREET ADDRESS **390 North Orange Avenue**
CITY-ST-ZIP **Orlando, FL 32801**TITLE **President** ☒ Change ☐ Addition
NAME **Wayne H. Schrader**
STREET ADDRESS **#506, 8650 South Ocean Drive**
CITY-ST-ZIP **Jensen Beach, FL 34957**TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ Delete
NAME
STREET ADDRESS
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CITY-ST-ZIPTITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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.

SIGNATURE: Wayne H. Schrader, PRES. 4/19/00 581-229-8999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)