

2000 UNIFORM BUSINESS REPORT (UBR)

1/

FILED
Apr 24, 2000 8:00 am
Secretary of State

01-31-2000 90025 024 ***150.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business		Mailing Address	
PO BOX 330932 ATLANTIC BEACH FL 32233		PO BOX 330932 ATLANTIC BEACH FL 32233-0932	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BORDIN, DAVID 13036 FALGREN COURT JACKSONVILLE FL 32225		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. <input type="checkbox"/>		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. <input type="checkbox"/> \$5.00 May Be Added to Fees	
11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE: D NAME: BORDIN, DAVID STREET ADDRESS: PO BOX 330932 CITY-ST-ZIP: ATLANTIC BEACH FL 32233		TITLE: President <input type="checkbox"/> Delete		TITLE: President <input type="checkbox"/> Change <input type="checkbox"/> Additio	
TITLE: D NAME: SCHMIDT, DAWN STREET ADDRESS: PO BOX 330932 CITY-ST-ZIP: ATLANTIC BEACH FL 32233		TITLE: Secretary <input type="checkbox"/> Delete		TITLE: Secretary <input type="checkbox"/> Change <input type="checkbox"/> Additio	
TITLE: Kathy A. Bordin NAME: PO Box 330932 STREET ADDRESS: Atlantic Beach FL 32233		TITLE: Treasurer <input type="checkbox"/> Delete		TITLE: Treasurer <input type="checkbox"/> Change <input checked="" type="checkbox"/> Additio	

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #