| 2000 UNIFORM BUSINESS REPORT (UBR) | | | | | P8192 | | | |
|---|---|--|--|-----------------|--|----------------|------------------------------|--|
| DOCUMENT # P98000029813 1. Entity Name ECLECTICA, INC. | | | | | | Ų | | |
| | | | | | FILED | | | |
| | | | | | 00 JUL 24 AM | 7: 07 | | |
| Principal Place of Business , Mailing Address | | | CHITE A 2 | , | SECRETARY OF | STATE | | |
| 313 1/2 WORTH AVENUE. SUITE A-3 PALM BEACH FL 33480 | | 313-1/2 WORTH AVENUE SUITE AS PALM BEACH FC 33480 XXXXXXXXXXXXXXXXXXXX | | | TALLAHASSEE, F | FLORIDA | ٠. | |
| | | 5700 LAKE W SUITE 206 L | | 3341 H E I | 1 that indt ii 6 1000 i 6114 hat ii 6011 doit 49 | | 10 1811 1 00 1 | |
| 2. Principal Place of Business | | 3. Mailing Address 57.00 LAKE WORTH RD #206 | | | | | | |
| Suite, Apt. #, etc. | | LAKE AWORTH FL 33463 | | | 13/05/99 DO NOT WRITE IN TH | IS SPACE | | |
| City & Stat | е | City & State | | | 4. FEI Number 65-0839891 | | lied For Applicable | |
| Zip | Country | Zip | Country | | 5. Certificate of Status Desired | \$8.75 Additi | | |
| | 6. Name and Address of Curren | t Registered Agent | | - 1 | 7. Name and Address of New Registers | | | |
| aoı. | RDAN, JOSEPH | | 1 1 | | P GANELES 5700 L | | H RD | |
| 500 | . 600 | Site at 1 | SHLITE res206 BLAKE WORKEH pt EL 33463 | | | | | |
| WEST PALM BEACH FL 33401 | | | | | | | | |
| | | | City | ^ | F | Zip Code | | |
| 8. The above | named entity submits this statement t | or the purpose of changing its | registered office o | registered | degent, or both, in the State of Florida. | 1 / | | |
| SIGNATURE . | DAVID P GANELES | CPA 6 | 3 | AS | sullat ? | 1/19/20 | 20 | |
| | Signature, typed or printed name of registered ager | t and title if applicable. (NOTE: | : Registered Agent signat | ure required wh | then reinstating) DAT | É | | |
| This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After SEPTEMBER 13, 2 | | | ! FEE IS \$550. 3, 2000 Min. will | | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 | May Be | |
| _ | ria on back) | Make Check Payabl | • | • | rust rund Communion. | | | |
| 11. | OFFICERS AND | | 12. | 100 | ADDITIONS/CHANGES TO OFFICERS A | ND DIRECTORS I | IN 11 | |
| TITLE NAME | KING, JERRY L | ☐ Delete | NAME | KING | CAKTRE LANE | , | Addition | |
| STREET ADDRESS CITY-ST-ZIP | 804 BLUE RIDGE CIRCLE WEST PALM BEACH FL 33409 | • | STREET ADDRESS CITY-ST-ZIP | 2357 | PAR LEAR I FI 2340 | q | | |
| TITLE | VP | ☐ Delete | TITLE | VP | PALM BEACH, 7 3340 ND, RAFAEL C JOAK TREE CAME PALM BEACH, P1 3 | Change | Addition | |
| NAME ATTECT ADDRESS | DURAND, RAFAEL C | | NAME | DURA | ND, KAFAEL C | | | |
| STREET ADDRESS CITY-ST-ZIP | 804 BLUE RIDGE CIRCLE WEST PALM BEACH FL 33409 | 1 | STREET ADDRESS CITY-ST-ZIP | 235 1 4locy | PAIN BEDOWN P1 3 | 3409 | | |
| TITLE | | ☐ Delete | TITLE | N-674 | 111001 12000 1 | Change | Addition | |
| NAME CTREET ADDRESS | | | NAME Street address |] | | | | |
| STREET ADDRESS CITY-ST-ZIP | | | CITY-ST-ZIP | | | • | | |
| TITLE | | ☐ Delete | TITLE | | | ☐ Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | |
| CITY-ST-ZIP | | <u></u> | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | TITLE | | | Change | ☐ Addition | |
| NAME STREET ADDRESS | | | NAME Street Address | | | | | |
| CITY-ST-ZIP | | | CITY-ST-ZIP | | | | | |
| TITLE | | ☐ Delete | NAME | | | | Addition | |
| NAME CTREET ADORESS | | | NAME | | | S | 7 | |

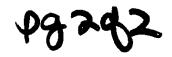
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS



3131/2 WORTH AVENUE • A3 • PALM BEACH, FL 33480 • (561) 832-9628

#1#JULY 2000

TO: DIVISION OF CORPORATIONS UNIFORM BUSINESS REPORT FILINGS

DEAR SIR OR MADAAM:

ENCLOSED PLEASE FIND OUR 2000 UNIFORM BUSINESS REPORT. PLEASE NOTE THE CHANGE OF ADDRESS FOR TWO OFFICERS AND ALSO THE CHANGE IN AGENT AND MAILING ADDRESS. AS PER OUR PHONE CONVERSATION, WE FOR SOME REASON DID NOT RECEIVE NOTICE OF THIS BEING PAST DUE OR IT WOULD HAVE BEEN TAKEN CARE OF IMMEDIATELY. ALSO THE CHANGED AGENT IS OUR CPA ABD IN THE FUTURE THE FORM WILL GO TO HIS OFFICE AND BE RETURNED IN PROPER TIME. YOU WILL NOTE IN OUR FILE THAT WE DOUBLE PAID LAST YEAR SO PLEASE APPLY THAT OVERPAYMENT TO THIS YEARS FEE.

MANY THANKS FOR YOUR UNDERSTANDING IN THIS MATTER.

SINCERELX,

PRESIDENT - ECLECTICA