## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED** DOCUMENT # **P98000047878** May 16, 2000 8:00 am Secretary of State E.B. LUPTON, INC. 05-16-2000 90060 036 \*\*\*150.00 Principal Place of Business Mailing Address 1375 S.W. 101ST WAY 1375 S.W. 101ST WAY PEMBROKE PINES FL 33025 PEMBROKE PINES FL 33025-5939 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0883176 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ii s Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 Zip Code FL 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 (NOTE, Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Delete TITLE LUPTON, ELIOT B 19 5W 121 ST AVE STREET ADDRESS STREET ADDRESS 1375 S.W. 101ST WAY #112 mbrokel Pearls, FL 33025 CITY-ST-ZIE CITY-ST-ZIP PEMBROKE PINES FL 33025 ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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:** 

SIGNATURE AND TYPED OR RINTED NAME OF SIGNING OFFICER OR DIRECTO

4-25-00

954-441-8066

Daytime Phone #