2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P98000053479** Mar 27, 2000 8:00 am 1. Entity Name **Secretary of State** BARCLAYS OF BRIGHTON (PROPERTIES) LIMITED CORP. 03-27-2000 90119 030 ***158.75 Principal Place of Busil Little Pond Cottage Mailing Address Little Pond Cottage 506 SE 20 Court 851 SE 22 AVE 506 SE 20 Court 851 SE 22 AVE **Boynton Beach Boynton Beach** POMPANO BEACH FL 33 Florida 33435 POMPANO BEACH FL Florida 33435 3. Mailing Address 2. Principal Place of Business Little Pond Cottage Little Pond Cottage DO NOT WRITE IN THIS SPACE 506 SE 20 Ccurt **506 SE 20 Court** Boynton Beach **Boynton Beach** Applied For 4. FEI Number Florida 33435 65-0711187 Florida 33435 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOPSON, JOHN E Street Address (P.O. Box Number is Not Acceptable) 7300 W. CAMINO REAL #126 BOCA RATON FLESSASS Zip Code 8. The above named entity submits this etalement 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) FILE NOW!!! FEE IS \$150.00 eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing equirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition TITLE D NEW ADDRESS TITLE **606 SE 20 Court** YULL, JOHN V YULL JOHN NAME NAME **Boynton Beach** STREET ADDRESS STREET ADDRESS Florida 33435 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 ☐ Addition ☐ Change Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIE ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE 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-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.