2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMEN 1. Entity Name STODDARD RE	IT # P980(ALTY MANAGEMEN	0057796 r group IV., INC.			Secreta	ary of Stat	te 🍃	
Principal Place of Bus 6901 W OKEECHOBEE #D WEST PALM BEACH F	BLVD	Mailing Address PO BOX 210608 ROYAL PALM BCH FL 33421-0608		Address 10000 Lin Boh FL 334210008 COUNTRY Address Country S. Certificate of Status Desired Sa.75 Additional Fee Required Name Street Agency of Country Sa. Certificate of Status Desired Sa.75 Additional Fee Required For West Agency of Department of State Country Street Agency of Department of State FL Zup Code Of changing its registered office or registered agent, or both, in the State of Rippita. SEPT Address Date FL Zup Code Address Date Address Date FL Zup Code Address Date A				
2. Principal Place of Business		3. Mailing Address			I INDICENTA ELO INVOCADATA DOCAS DE	<i>ikin benin ben</i> en sinin kepin 18010 1916	10 B(III 100)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.						
City & State		City & State		4.	65-084668	9 Not	Applicable	
Zip	Country	Zip	Country			Fee Required	onal	
LYON, JAMES B 1881 UNIVERSITY CORAL SPRINGS	FL 33071	The statement of the same same	Street Ag	Sates 5901° lest Pa	F, Stodlar Wirokeechols In Beach		tu	
SIGNATURE SIGNATURE	as Establish	Bates F. Sta I find title if applicable. (NO	Ward Flag TE: Registered Affent signatu	SWeet sequired when r	Feinstating)	DATE		
Tax filing requirem (See criteria on ba	ent and elects to do so.	After September 1 Make Check Paya	2, 2001 Fee will be ble to Department	e \$750.00 t of State	Trust Fund Contributi	on. Added to	o Fees	
STREET ADDRESS 6901 \	OFFICERS AND DARD, BATES F V OKEECHOBEE BLVD # PALM BEACH FL 33411	Delete	TITLE NAME STREET ADDRESS	D. V DIANE 4901 W	C. STODDARD O. OKECHOBEL B	□ Change		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS	0 and	l P	Z -Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	NAME STREET ADDRESS		es de la companya de	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	name Street address			☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	name Street address			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	•	☐ Delete	NAME STREET ADDRESS			Change	Addition	
indicated on this r of the corporation	eport or supplemental report or the receiver or trustee emp attachment with an address	is true and accurate and that	rny signature shall ha t as required by Cha d.	ave the same	legal effect as if made under	r oath; that I am an officer or	r director	