

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 07, 2000 08:00 AM**
Secretary of State**DOCUMENT # P98000071220****1. Entity Name**
T.T.N.E., INC.**Principal Place of Business**% FMC GROUP
2700 N. MILITARY TRAIL
BOCA RATON
33431

FL

Mailing Address% FMC GROUP
2700 N. MILITARY TRAIL
BOCA RATON
33431

FL

2. Principal Place of Business
2700 N. MILITARY TRAIL**3. Mailing Address**
2700 N. MILITARY TRAIL

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON

FL

City & State
BOCA RATON

FL

4. FEI Number
65-0857832**Applied For**
☐ **Not Applicable****Zip**
33431**Country****Zip**
33431**Country****5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required****6. Name and Address of Current Registered Agent**KATARI KIMBERLY LESQUIRE
LEVINE KATARI, P.A.
370 W. CAMINO GARDENS BLVD., SUITE 210
BOCA RATON
33432 US**7. Name and Address of New Registered Agent**Name
SMITH DENNIS DESQUIRE
Street Address (P.O. Box Number is Not Acceptable)
110 S.E. 6TH STREET
15TH FLOOR
City
FORT LAUDERDALE FL Zip Code
33301**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 DENNIS D. SMITH****04/07/2000**

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.
(See criteria on back) ☒**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.** ☐ **\$5.00 May Be Added to Fees****11. OFFICERS AND DIRECTORS****TITLE** VP ☒ Delete
NAME RILEY DARLENE
STREET ADDRESS 223 SE 25 AVE.
CITY-ST-ZIP BOYNTON BEACH FL**TITLE** COB ☐ Delete
NAME PRYOR THAD
STREET ADDRESS 7905 S. INDIAN RIVER
CITY-ST-ZIP BOCA RATON FL 33487**TITLE** P ☐ Delete
NAME PRYOR ANGELA
STREET ADDRESS 7985 S. INDIAN RIVER
CITY-ST-ZIP FT. PIERCE FL 34982**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** CEOT ☒ Change ☐ Addition
NAME PRYOR THAD J
STREET ADDRESS 2700 N. MILITARY TRAIL
CITY-ST-ZIP BOCA RATON FL 33431**TITLE** PS ☒ Change ☐ Addition
NAME PRYOR ANGELA S
STREET ADDRESS 2700 N. MILITARY TRAIL
CITY-ST-ZIP BOCA RATON FL 33431**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME
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** THAD J. PRYOR**FILED** 04/07/2000