

FILED

May 04, 2000 8:00 am
Secretary of State

05-04-2000 90222 020 ***150.00

DOCUMENT # P98000074162

1. Entity Name

CUSP Astrology & Zodiac, Inc.

Principal Place of Business

Mailing Address

711 U.S. Hwy. One, STE. 209
on the Palm Beach, FL 33408

7 Principal Place of Business

3. Mailing Address

911 U.S. Hwy. One,
Suite, Apt. #, etc.
STE. 209

P.O. Box 3311
Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State
North Palm Beach, FL.

City & State
Palm Beach Gardens, FL

Zip
33408

Country
USA

Zip
33420-3118

Country
USA

4. FEI Number: _____

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name Steven L. Robbins Esquire

Street Address (P.O. Box Number is Not Acceptable)

11911 U.S. Hwy. One, Ste. 306

City North Palm Beach FL Zip Code 334

3. 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 Steven L. Robbins

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, Secretary, Treasurer ☒ Change ☒ Addition J. Anthony Nelson 1609 Primavera Lane Wellington, FL 33414
TITLE STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President, Director ☒ Change ☐ Addition Steven L. Robbins 6334 Foster Street Jupiter, FL 33458
TITLE STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director, President ☒ Change ☐ Addition James Martin 13205 U.S. Hwy. on 2, Box 506 Box 506 Juno Beach, FLA. 33408
TITLE STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY ST ZIP	☐ Change ☐ Addition

13. I hereby certify that the information supplied with this filing is true and qualify for the exemption stated in Section 119.07(3)(b), 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. I have no offer or an disclosure of the cooperation of the receiver or trustee empowered to prepare 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 information.

SIGNATURE: Steven L. Robbins, v.i. 4/21/00 561-830-3110

0825034 (9/99)