## **2002 UNIFORM BUSINESS REPORT (UBR)**

## Feb 11, 2002 8:00 am P98000079380 DOCUMENT # **Secretary of State** 1. Entity Name 311 ASSOCIATES, INC. 02-11-2002 90134 024 \*\*\*158 75 Principal Place of Business Mailing Address 140 N FEDERAL HIGHWAY 140 N FEDERAL HIGHWAY **STE 200** STE 200 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0860220 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name TALBOTT, GREGORY Street Address (P.O. Box Number is Not Acceptable) 140 N FEDERAL HIGHWAY **STE 200 BOCA RATON FL 33432** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (9/01) Addition TITLE ☐ Delete TITLE ☐ Change TALBOTT, GREGORY K NAME NAME 140 N FEDERAL HIGHWAY STE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Delete Change TITLE TITLE Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I turner certify that the information indicated on this report or supplemental reports 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 expowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 in the corporation of the corporation of the receiver or trustee expowered.

SIGNATURE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

- HOSI Cle

Daytime Phone #

FILED