## 2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P98000087301 FILED Mar 22, 2000 8:

i. Enuty Nan	MENT # P980000 ON TRUST CORPORATION	87301			Mar 22, 2 Secretar 03-22-2000 90	2000 8:4 ry of St	ate
Principal Plac	ce of Business	Mailing Address	<del>/</del>				
2702 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064		2702 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064-8229			しりひまたいエエ		
2. Principal F	Place of Business	3. Mailing Address					
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			DO NOT WRITE	IN THIS SPACE	
City & Stat	e	City & State		4.	FEI Number <b>65-0874695</b>	<del> </del>	Applied For Not Applicable
Zip	Country	Zip	Country	5.	Certificate of Status Desired	□ \$8.75 A Fee Requi	
	6. Name and Address of Current F	egistered Agent	No.	7.	Name and Address of New Reg		
ΔME	BROSIUS, T				Box Number is Not Acceptable)		
2702	2 N.E. 30TH AVENUE	Í	5111	eet Address (P.O. t	box number is not acceptable)		
LIGH	1THOUSE POINT FL 33064		Cit			FL Zip Co	ode
SIGNATURE  9. This corporate filing to	e named entity submits this statement for Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so.	of title if applicable. (I	NOTE. Registered Agent  W!!! FEE IS \$ , 2000 Fee will !	signature required when the state of the sta		DATE \$5.	00 May Be
11.	ria on back)	Make Check Pa	yable to Depart		DDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS ABROSIUS, TAMMY 2702 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064	Delete	TITLE NAME STREET ADDI CITY-ST-ZIF			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT AMBROSIUS, ROBERT 2702 N.E. 30TH AVENUE LIGHTHOUSE POINT FL 33064	Delete	TITLE NAME STREET ADDI			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		→ - □ Delete	TITLE NAME STREET ADDI CITY-ST-ZIF			☐ Change	Addition
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TITLE NAME STREET AODRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDI CITY-ST-ZIF			Change	Addition
13. I hereby of indicated of the corchanged	certify that the information supplied with I on this report or supplemental report is reportation or the receiver or trustee empore, or on an attachment with an address, w	his filing does not qualify true and accurate and the vered to execute this rep the fill other it accuracy.	of for the exempt of the signature of th	n stated in Section hall have the same Chapter 607, Flor	119.07(3)(i), Florida Statutes. I full legal effect as if made under oatlida Statutes; and that my name a	rther certify that the n; that I am an offic ppears in Block 11	information er or director or Block 12 if

**SIGNATURE** 

SIGNATURE AND TYPED OR PRINTED AME OF THE THE OF THE OF THE OWN OF THE O

3/16/00 Date

Daytime Phone #