

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000095712

1. Entity Name

BOX OUT, INC.

Principal Place of Business

5416 N.W. 41ST TERRACE
BOCA RATON FL 33496

Mailing Address

5416 N.W. 41ST TERRACE
BOCA RATON FL 33496-2736

2. Principal Place of Business

4900 Linton Blvd.

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Bay 33

City & State

Delray Beach, FL

City & State

Zip

33495

Country

U.S.A.

Zip

Country

6. Name and Address of Current Registered Agent

SINGER, MICHAEL S ESQUIRE
701 NORTHPOINT PARKWAY, SUITE 330
WEST PALM BEACH FL 33407

7. Name and Address of New Registered Agent

Name

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

City

FL

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.

(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 DPT
NAME MEADOWS, STEVE M.D.
STREET ADDRESS 5416 N.W. 41ST TERRACE
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE VPSD
NAME MEADOWS, SAMANTHA
STREET ADDRESS 5416 N.W. 41ST TERRACE
CITY-ST-ZIP BOCA RATON FL 33496 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

STEVE MEADOWS

4-09-00

861-852-8797

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)



DO NOT WRITE IN THIS SPACE