FILED
May 06, 2002 8:00 am
Secretary of State
05-06-2002 90180 016 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000099593

1. Entity Name

219 SOUTH ATLANTIC BOULEVARD, INC.

DO NOT WRITE IN THIS SPACE

647385

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2. Principal Place of Business	3. Mailing Address
219 South Atlantic Blvd.	56 Maple Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Fort Lauderdale, FL	City & State: Warwick, RI
Zip: 33300 Country: USA	Zip: 02888 Country: USA

4. FEI Number: 06-1531947 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street

City: Tallahassee FL Zip Code: 32301-2525

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, type or printed name of registered agent, and title if applicable) (NOTE: Registered Agent signature required when changing agent) Date

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1, Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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	PTS
NAME	KENT, MICHAEL C.
STREET ADDRESS	3531 NORTH EAST 30TH AVENUE
CITY-ST-ZIP	LIGHTHOUSE POINT, FL33064
TITLE	V
NAME	ORR, DAVID
STREET ADDRESS	2001 HIGHLAND AVENUE
CITY-ST-ZIP	BIRMINGHAM, AL 35201
TITLE	
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CR2E034B (12/01)

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 in an attachment with an address, with all other like empowered.

SIGNATURE: Michael C. Kent Pres 4/30/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date