

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90006 046 ***150.00

655666

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000101065
Entity Name
 The Relationship Company, Inc.

Principal Place of Business 18390 SE Woodhaven Lane Wee Burn F Tequesta FL 33469
Mailing Address 18390 SE Woodhaven Lane Wee Burn F Tequesta FL 33469

Principal Place of Business
3. Mailing Address 177 US Hwy 1
Suite, Apt. #, etc. 171
City & State Tequesta FL
Zip 33469 **Country** USA

4. FEI Number 65-0879552
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
 Christopher, Tom
 18390 SE Woodhaven Lane
 Wee Burn F
 Tequesta FL 33469

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL **Zip Code**

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**

8. 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 ☐ **\$5.00 May Be Added to Fees**
 Trust Fund Contribution.

OFFICERS AND DIRECTORS	
11. OFFICERS AND DIRECTORS Christopher, Tom 18390 SE Woodhaven Lane Tequesta FL 33469 <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row] <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row] <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row] <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row] <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
[Empty Row] <input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <input type="checkbox"/> Change <input type="checkbox"/> 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: [Signature] **4/24/00** **561-743-7854**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Date** **Daytime Phone #**

CR2E034 (9/99)