

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2001 8:00 am**  
**Secretary of State**

05-01-2001 90099 016 \*\*\*150.00

**DOCUMENT # P98000102223**

1. Entity Name  
**TOTALE, INC.**

Principal Place of Business

1301 W NEWPORT CENTER DR  
 DEERFIELD BEACH FL 33442

Mailing Address

1301 W NEWPORT CENTER DR  
 DEERFIELD BEACH FL 33442

2. Principal Place of Business

600 W. Hillsboro Blvd.

Suite, Apt. #, etc.

Suite 102

City & State

DEERFIELD BEACH, FL.

Zip

33441

Country

U.S.

3. Mailing Address

600 W. Hillsboro Blvd.

Suite, Apt. #, etc.

Suite 102

City & State

DEERFIELD BEACH, FL.

Zip

33441

Country

U.S.



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0882227**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LEVITT, DREW M

1301 W NEWPORT CENTER DR  
 DEERFIELD BEACH FL 33442

Name

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

600 W. Hillsboro Blvd.

Suite 102

DEERFIELD BEACH

FL

Zip Code

33441

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, 2001 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete  
 NAME **PCD**  
 STREET ADDRESS **VAN ARNEM, HAROLD L**  
 CITY-ST-ZIP **1301 W NEWPORT CENTER DR**  
**DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition  
 NAME **600 W. Hillsboro Blvd. - #102**  
 STREET ADDRESS **DEERFIELD BEACH, FL. 33441**  
 CITY-ST-ZIP

TITLE ☒ Delete  
 NAME **ST**  
 STREET ADDRESS **DECKER, JULIA M**  
 CITY-ST-ZIP **1301 W NEWPORT CENTER DR**  
**DEERFIELD BEACH FL 33442**

TITLE ☒ Change ☐ Addition  
 NAME **SIT**  
 STREET ADDRESS **HAROLD L. VAN ARNEM**  
 CITY-ST-ZIP **600 W. Hillsboro Blvd.**  
**DEERFIELD BEACH, FL. 33441**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01  
 Date

954-419-1363  
 Daytime Phone #

CR2E034 (10/00)