

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Jan 09, 2001 08:00 AM**
Secretary of State**DOCUMENT # P98000104670**1. Entity Name
DIGITAL OBJECTIVES, INC.

Principal Place of Business 610 NORTHEAST JENSEN BEACH BOULEVARD JENSEN BEACH FL 34957	Mailing Address 610 NORTHEAST JENSEN BEACH BOULEVARD JENSEN BEACH FL 34957
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address PO BOX 815 Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State JENSEN BEACH FL	4. FEI Number 13-3408318	Applied For <input type="checkbox"/> Not Applicable
Zip 349580815	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered AgentTHOMAS LOUISE
610 NE JENSEN BEACH BLVD

JENSEN BEACH FL 34957 US**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 **LOUISE THOMAS****01/09/2001**

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 State10. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VTD	<input type="checkbox"/> Delete
NAME	KAPLAN JEROLD J	
STREET ADDRESS	610 NORTHEAST JENSEN BEACH BOULEVARD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE	PSD	<input type="checkbox"/> Delete
NAME	THOMAS LOUISE	
STREET ADDRESS	610 NORTHEAST JENSEN BEACH BOULEVARD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAPLAN JEROLD J	
STREET ADDRESS	610 NORTHEAST JENSEN BEACH BOULEVARD	
CITY-ST-ZIP	JENSEN BEACH FL 34957	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: Louise Thomas

PSD

01/09/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)