

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Jul 10, 2001 8:00 am**  
**Secretary of State**

07-10-2001 90114 048 \*\*\*550.00

**DOCUMENT # P99000003704**

1. Entity Name

**NEVER A DULL MOMENT, INC.**

*VR*

Principal Place of Business

11780 U.S. HIGHWAY ONE, SUITE 300  
 NORTH PALM BEACH FL 33408

Mailing Address

11780 U.S. HIGHWAY ONE, SUITE 300  
 NORTH PALM BEACH FL 33408

2. Principal Place of Business

**1244 12TH FAIRWAY**  
 Suite, Apt. #, etc.

3. Mailing Address

**1244 12TH FAIRWAY**  
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

**Wellington, FLORIDA**  
 Zip Country

City & State

**Wellington FLORIDA**  
 Zip Country

4. FEI Number **65-0969286**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

**FHS CORPORATE SERVICES, INC.**  
 11780 U.S. HIGHWAY ONE, SUITE 300  
 NORTH PALM BEACH FL 33408

7. Name and Address of New Registered Agent

Name **James B. McClellan**

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

**1244 12TH FAIRWAY**

**Wellington**

**FL**

Zip Code **33414**

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

**James B. McClellan - P.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-05-01**

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

TITLE **DP** ☒ Delete  
 NAME **TUFTS, RUBY**  
 STREET ADDRESS **11780 US HWY ONE, SUITE 300**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **DVP** ☒ Delete  
 NAME **TUFTS, THOMAS**  
 STREET ADDRESS **11780 US HWY ONE, STE 300**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **DS** ☒ Delete  
 NAME **FLEMING, JOSEPH M**  
 STREET ADDRESS **11780 US HWY ONE, STE 300**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE **T** ☒ Delete  
 NAME **FLEMING, JOSHUA M**  
 STREET ADDRESS **11780 US HWY ONE, STE 300**  
 CITY-ST-ZIP **NORTH PALM BEACH FL 33408**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☒ Change ☐ Addition  
 NAME **James B. McClellan**  
 STREET ADDRESS **1244 12TH FAIRWAY**  
 CITY-ST-ZIP **Wellington FLORIDA 33414**

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

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

TITLE ☐ Change ☐ Addition  
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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:

**James B. McClellan** **James B. McClellan 7-5-01**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)