## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P99000010510 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name STEPHEN C. FITHIAN, INC. 04-27-2000 90129 046 \*\*\*150.00 Principal Place of Business Mailing Address 1215 N HARBOR DRIVE 1215 N HARBOR DRIVE SINGER ISLAND FL 33404 SINGER ISLAND FL 33322-4855 3. Mailing Address 2. Principal Place of Business 1000 NW 99TH AVENUE 1000 NW 99TH HYENKE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Sity & State 4. FEI Number Applied For City & State 65-08907 40 CHOITATION? Not Applicable ANTATION Country Country \$8.75 Additional 5. Certificate of Status Desired 23322 33322 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FITHIAN, STEPHEN C. Street Address (P.O. Box Number is Not Acceptable) 1215 N HARBOR DRIVE SINGER ISLAND FL 33404 LANTATION f changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity nits this statement for th (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ★ Addition ☐ Delete TITLE TITLE STEPHEN C. FITHIAN NAME STREET ADDRESS STREET ADDRESS 1000 NU 99TH AVENUE CITY-ST-ZIP CITY-ST-ZIP PLANTATION. ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change \_\_ Addition \_\_\_\_\_Delete -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing ages 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 upport is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver of true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if her like empowered. changed, or on an attachmer SIGNATURE:

Daytime Phone #