

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000021307

1. Entity Name
THINK TANK ASSOCIATES, INC.

FILED
Feb 08, 2001 8:00 am
Secretary of State

02-08-2001 90375 034 ***150.00

Principal Place of Business
7844-D LEXINGTON CLUB BLVD.
DELRAY BEACH FL 33446

Mailing Address
7844-D LEXINGTON CLUB BLVD.
DELRAY BEACH FL 33446

2. Principal Place of Business
401 N.E. 25th Terrace
Suite, Apt. #, etc.

3. Mailing Address
SAME
Suite, Apt. #, etc.

City & State
Boca Raton, FL
Zip
33431
Country
U.S.

City & State
Zip
Country

4. FEI Number 65-0902564

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

LERNER, DAVID
7844-D LEXINGTON CLUB BLVD.
DELRAY BEACH FL 33446

401 NE 25th Trce
Boca Raton, FL
33431

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 _____ (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
NAME D LERNER, DAVID
STREET ADDRESS 7844-D LEXINGTON CLUB BLVD.
CITY-ST-ZIP DELRAY BEACH FL 33446

TITLE
NAME
STREET ADDRESS 401 N.E. 25th Terrace
CITY-ST-ZIP Boca Raton, FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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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

2-5-01 5617504202
Date Daytime Phone #

CR2E034 (10/00)