

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000033636

1. Entity Name

640 ISLAND DRIVE, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90090 014 ***150.00

Principal Place of Business

2000 NORTH FEDERAL MANGO ROAD
#200
WEST PALM BEACH FL 33409

Mailing Address

2000 NORTH FEDERAL MANGO ROAD
#200
WEST PALM BEACH FL 33409

A0059587



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3540 Forest Hill Blvd

3. Mailing Address

3540 Forest Hill Blvd

Suite, Apt. #, etc.

#203

Suite, Apt. #, etc.

#203

City & State

West Palm Beach FL

City & State

West Palm Beach FL

Zip

33406

Country

USA

Zip

33406

Country

USA

4. FEI Number

65-0912213

Applied for

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

BAGGETT, DEBORAH D
2000 NORTH FLORIDA MANGO ROAD
SUITE 200
WEST PALM BEACH FL 33409

7. Name and Address of New Registered Agent

Name
Deborah D. Baggett
Street Address (P.O. Box Number is Not Acceptable)
3540 Forest Hill Blvd.
#203
City
West Palm Beach FL
Zip Code
33406

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

Deborah D. Baggett

4/25/01

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

TITLE	VP	<input type="checkbox"/> Delete
NAME	HEATON, LINN	
STREET ADDRESS	2000 NORTH FLORIDA MANGO ROAD #200	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HEATON, LEE	
STREET ADDRESS	2000 NORTH FLORIDA MANGO ROAD #200	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
TITLE	P	<input type="checkbox"/> Delete
NAME	BAGGETT, DEBORAH D	
STREET ADDRESS	2000 NORTH FLORIDA MANGO ROAD #200	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	
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		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3540 Forest Hill Blvd. #203	
CITY-ST-ZIP	West Palm Beach FL 33406	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3540 Forest Hill Blvd. #203	
CITY-ST-ZIP	West Palm Beach FL 33406	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	3540 Forest Hill Blvd. #203	
CITY-ST-ZIP	West Palm Beach FL 33406	
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:

Deborah A. Dentry Deborah A. Dentry

4/25/01

561-433 4810

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/00)