

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 15, 2000 8:00 am
Secretary of State
 03-15-2000 90131 007 ***150.00

DOCUMENT # P99000036182

1. Entity Name

CAIRNS, INC.

Principal Place of Business

Mailing Address

120 S OLIVE AVE
 SUITE 403
 WEST PALM BEACH FL 33401
*440 Canal Pt S
 Del Ray Beach, FL 33444*

120 S OLIVE AVE
 SUITE 403
 WEST PALM BEACH FL 33401-5533
*440 Canal Point S #222
 Del Ray Beach, FL 33444*

2. Principal Place of Business

3. Mailing Address

*440 Canal Point S. (222)
 Suite, Apt. #, etc. 222*

*440 Canal Point S (222)
 Suite, Apt. #, etc. #222*

City & State
Del Ray Beach FL
 Zip
33444
 Country
Palm Beach

City & State
Del Ray Beach FL
 Zip
33444
 Country
Palm Beach



DO NOT WRITE IN THIS SPACE

Rev ID

4. FEI Number
65-0910587

☒ 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

KENDALL, ANN
120 S OLIVE AVE
SUITE 403
WEST PALM BEACH FL 33401

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 *James T. Kane*

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, 2000 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
 STREET ADDRESS
 CITY-ST-ZIP
D
KANE, JAMES T
670 120 S OLIVE AVE STE 403
WEST PALM BEACH FL 33401

☒ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
KANE JAMES T
440 CANAL POINT S #222
Del Ray Beach, FL 33444

☐ Delete

TITLE
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☐ Change ☐ Addition

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 CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #

CR2E034 (9/99)