

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 27, 2001 8:00 am
Secretary of State

04-27-2001 90380 050 ***150.00

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DOCUMENT # P99000Q36182

1. Entity Name
CAIRNS, INC.

Principal Place of Business
**440 CANAL POINT S
 #226
 DELRAY BEACH FL 33444**

Mailing Address
**440 CANAL POINT S
 #226
 DELRAY BEACH FL 33444**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
777 E. ATLANTIC BLVD

Suite, Apt. #, etc.
STE 2

City & State
DeLray Beach, FL 3

Zip
33483

Country
USA

3. Mailing Address
777 E. ATLANTIC AVE

Suite, Apt. #, etc.
STE 2

City & State
DeLray Beach, FL

Zip
33483

Country
USA

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

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

7. Name and Address of New Registered Agent

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**
James T. Kane

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

(NOTE: Registered Agent signature required when reinstating)

4/18/2001
 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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete
	D KANE, JAMES T	440 CANAL POINT S #226	DELRAY BEACH FL 33444	<input checked="" type="checkbox"/>
	CAIRNS, INC	KANE JAMES T.	777 E. ATLANTIC AVE (STE 2)	<input type="checkbox"/>
		DELRAY BEACH, FL 33483		<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 T. KANE**
James T. Kane

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/2001 **561-573-0998**
 DATE Daytime Phone #

CR2E034 (10/00)