-2000 UNIFORM BUSI	NESS REPO	RT (UBR)	* ADDDOM	ਓ	
DOCUMENT # P990000 40024			AND	AND FILED	
Parm Beach No GROUP, INC.			00 JUL 10 AM-8: 35		
Principal Place of Business	Mailing Address		SECRETARY OF	CTATE	
LAILE WORTH, FE. 33463			TALLAHASSEE, F	SECRETARY OF STATE TALLAHASSEE, FLORIDA	
	33463				
2. Principal Place of Business	3. Mailing Address	min To			
Suite, Apt. #, etc. Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State City & State City & State		4. FEI Number	Applied For Not Applicable		
Zip Country F. 3343 Par on Robert	Zip 21/2	Country	5. Certificate of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current R	egistered Agent	Name	7. Name and Address of New Regi	stered Agent	
HARVEY E. SM	MH	Name Street Addres	ss (P.O. Box Number is Not Acceptable)		
5891 & MILMARY	TRAIL 5H	1			
LAXE WORTH, I	2. 3346	City		FL Zip Code	
8. The above named entity submits this statement for	the purpose of changing its re	egistered office or regis	stered agent, or both, in the State of Florida		
SIGNATURE Signature, typed or printed name of registerer agent are	title if applicable. (NOTE)	Registered Agent signature requ	EUKLE ESMITH	PRELIDENT 7-100	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)		FEE IS \$150.00 Fee will be \$550.0 to Department of S	COMMISSION IN STELLING CONTRIDUTION	ing \$5.00 May Be Added to Fees	
11. OFFICERS AND D		12.	ADDITIONS/CHANGES TO OFFICE		
NAME PRESIDENT	☐ Delete	TITLE NAME		☐ Change ☐ Addition	
STREET ADDRESS HARVLY C. SMIN CITY-ST-ZIP 58915 MILITARY TITLE LAKE WORTH, FL	n Train 5A	STREET ADDRESS CITY-ST-ZIP		Change Addition	
TITLE PAKE WORTH, FI	3346 Blete	TITLE NAME		☐ Change ☐ Addition ☐	
NAME. STREET ADDRESS CITY-ST-ZIP	_	STREET ADDRESS CITY-ST-ZIP			
TITLE	☐ Delete	TITLE		Change Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP	_		
TITLE	☐ Delete	TITLE	4000033	1 7 5 Change	
NAME STREET ADDRESS		NAME STREET ADDRESS	-07/10/0	001030001	
CITY-ST-ZIP		CiTY-ST-ZIP	****158	.75 ****158.75	
TITLE	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
TITLE:	☐ Delete	TITLE		☐ Change ☐ Addition	
NAME STREET ADDRESS		NAME STREET ADDRESS		%	
CITY-ST-ZIP		CITY-ST-ZIP		Atra	
		_			
 I hereby certify that the information supplied with tindicated on this report or supplemental report is t 	nis filing does not qualify for th	ne exemption stated in	Section 119.07(3)(i), Florida Statutes. I fur	ther certify that the information	

SIGNATURE: SIGNATURE AND TYPED OR PRINTENAME OF SIGNING OFFICER OR DIRECTOR

To Wrom it May Concern,

Poem Beach Do Group, INC DID NOT RECEIUS OUR CORPORATION PAPERS AND also DID NOT RELEIUX OUR UNIFORM BUSINESS REPORT BY MAIL. I HAD to Call Tawahasses to Find out WHAT TO DO AND THEN DROVE FROM WORT PARM BEACH TO MAKE SURE MY CORPORATION IS REMITATED AND 28LAL,

THANK YOU THINGH