

2000 UNIFORM BUSINESS REPORT (UBR)

0032883

DOCUMENT # P99000042666

1. Entity Name
CLIMBON, INC.

FILED

00 APR 27 AM 11:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1 FINANCIAL PLAZA 1 FINANCIAL PLAZA
SUITE 130-3006 SUITE 130-3006
FORT LAUDERDALE FL 33394 FORT LAUDERDALE FL 33394-0002

[Handwritten Signature]



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
1 Financial Plaza 1 Financial Plaza
Suite, Apt. #, etc. Suite, Apt. #, etc.
PMB 120-3006 PMB 120-3006
City & State City & State
Ft. Lauderdale, FL Ft. Lauderdale, FL
Zip Country Zip Country
33394 33394

4. FEI Number Applied For
65-0918475 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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 _____ (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	PSD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCROGGINS, TAMMY M		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 130-3006		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33394		CITY-ST-ZIP		
TITLE	VTD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAWMAN, REEDE M		NAME		
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 130-3006		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE FL 33394		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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****150.00 ****150.00

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 *[Handwritten Signature]* TAMMY M. SCROGGINS 4/14/00 (561) 912-0778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)