2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 20, 2001 08:00 AM
Secretary of State

DOCUMENT # **P99000042666**

1. Entity Name
CLIMBON, INC.

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

2. Principal Place of Business	3. Mailing Address
2209 N. CONFERENCE DRIVE	2209 N. CONFERENCE DRIVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BOCA RATON FL	City & State: BOCA RATON FL
Zip: 33486 Country:	Zip: 33486 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0918475** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE

CORAL GABLES FL
33134 US

7. Name and Address of New Registered Agent

Name
LAWMAN TAMMY MPSD

Street Address (P.O. Box Number is Not Acceptable)
2209 N. CONFERENCE DRIVE

City: BOCA RATON **FL** Zip Code: 33486

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 **TAMMY LAWMAN** **04/20/2001**
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

Field	Entry	Delete
TITLE	VTD	☐ Delete
NAME	LAWMAN REEDE M	
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 130-3006	
CITY-ST-ZIP	FORT LAUDERDALE FL 33394	
TITLE	PSD	☐ Delete
NAME	SCROGGINS TAMMY M	
STREET ADDRESS	1 FINANCIAL PLAZA, SUITE 130-3006	
CITY-ST-ZIP	FORT LAUDERDALE FL 33394	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

Field	Entry	Change	Addition
TITLE	VTD	☒ Change	☐ Addition
NAME	LAWMAN REEDE M		
STREET ADDRESS	2209 N. CONFERENCE DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE	PSD	☒ Change	☐ Addition
NAME	LAWMAN TAMMY M		
STREET ADDRESS	2209 N. CONFERENCE DRIVE		
CITY-ST-ZIP	BOCA RATON FL 33486		
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		☐ Change	☐ Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

CR2E034 (11/00)

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: TAMMY LAWMAN PSD 04/20/2001
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #