

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000061162

1. Entity Name

124 US HIGHWAY 1 HOLDING CORP.

FILED
Aug 29, 2000 8:00 am
Secretary of State

08-29-2000 90001 028 ***150.00

Principal Place of Business

Mailing Address

124 US HIGHWAY 1
NO. PALM BEACH, FL
33408

124 US HIGHWAY 1
NO. PALM BEACH, FL
33408

00081695

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0933390

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FILINGS, INC.
3732 N.W. 16 ST.
FT. LAUDERDALE, FL 33311

Name
KAREN ARVIDSON

Street Address (P.O. Box Number is Not Acceptable)

4 TARRINGTON CIRCLE

P.

PALM BEACH GARDENS FL

Zip Code

33410

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

Karen Arvidson Secretary/Treasure 8-24-00

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	DIRECTOR	<input type="checkbox"/> Delete
NAME	JAMES LEAH	
STREET ADDRESS	920 LIGHTHOUSE DRIVE	
CITY-ST-ZIP	NO. PALM BEACH, FL 33408	
TITLE	DIRECTOR	<input type="checkbox"/> Delete
NAME	ARVIDSON, KAREN	
STREET ADDRESS	4 TARRINGTON CIRCLE	
CITY-ST-ZIP	PALM BEACH GARDENS, FL 33410	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
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STREET ADDRESS		
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TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

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:

Karen Arvidson Karen Arvidson Secretary/Treasure 8-24-00 671-4731 848-4500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)