

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 23, 2002 8:00 am
Secretary of State

07-23-2002 90341 043 ***150.00

DOCUMENT # P99000061162

1. Entity Name

124 US HIGHWAY 1 HOLDING CORP.

Principal Place of Business

124 US HIGHWAY 1

N PALM BEACH FL 33408

Mailing Address

124 US HIGHWAY 1

N PALM BEACH FL 33408

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARVIDSON, KAREN

4 TARRINGTON CIRCLE

PALM BEACH GARDENS FL 33410

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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 \$550.00
After September 13, 2002 Fee will be \$750.00
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	NAME	STREET ADDRESS	CITY-ST-ZIP	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP
	D	JAMES, LEAH A	920 LIGHTHOUSE DRIVE N PALM BEACH FL 33408				
	D	ARVIDSON, KAREN	4 TARRINGTON CIRCLE PALM BEACH GARDENS FL 33410				

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: *Leah A James*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

17/19/02 561-848-4500

CR2E034 (4/02)

Attachment
Document#
THOMAS W. KLASH 999000061162
CERTIFIED PUBLIC ACCOUNTANT

July 17, 2002

State of Florida
Division of Corporations
Uniform Business Report Filings
P.O. Box 1500
Tallahassee, Florida 32302-1500

Gentlemen:

Enclosed you will find the completed Uniform Business Report. This report represents a duplicate of the one originally mailed by the taxpayer in April, 2002. Please refer to the enclosed correspondence dated June 20th for an explanation of the matter.

Please waive the late filing penalty due to circumstances beyond the taxpayer's control.

Sincerely,



Thomas W. Klash

Enc.

Cc: Christopher James