FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 16, 2002 8:00 am
Secretary of State
06-16-2002 90692 032 ***150.00

DOCUMENT # P99000066621

1. Entity Name
Critical Advocates Inc

DO NOT WRITE IN THIS SPACE

869013

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
191 E Tall Oaks Circle	P.O Box 530815
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Palm Beach Gardens FL	City & State: Lake Park FL.
Zip: 33410 Country: USA	Zip: 33403 Country: USA

4. FEI Number: 65-094-8265 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John Michael Yeend
Street Address: (P.O. Box Number is Not Acceptable)
1109 Congress Avenue
City: West Palm Beach FL Zip Code: 33406

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: _____ DATE
Signature, typed or printed name of registered agent, and title if applicable. (Note: Registered agent signature required when changing)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and I elects to do so. (See criteria on back) ☑

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
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

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President / Corporate Secretary Susan Marie Witschel 191 E. Tall Oaks Circle Palm Beach Gardens FL. 33410	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Susan Marie Witschel
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Daytime Phone #: _____

Attachment June 5-02

869013

Dear Sirs: #P99000066621

Please accept payment For filing of the uniform business report. I did not receive a renewal this year in the mail, and remembered this was due in May. I called the office and was advised to obtain the form on-line and file now and the late fee would be waved.

Thank-you

Susan Witschuf