## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 28, 2000 8:00 am Secretary of State DOCUMENT # P99000072254 BOOTH-CROWLEY, P.A. 08-28-2000 90032 032 \*\*\*150.00 Principal Place of Business Mailing Address 301 CLEMATIS STREET.STE.3000 301 CLEMATIS STREET.STE.3000 U0081368 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BOOTH, KATHLEEN A CPA Street Address (P.O. Box Number is Not Acceptable) 301 CLEMATIS STREET, STE. 3000 WEST PALM BEACH FL 33401 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITI F Delete THE **BOOTH, KATHLEEN A CPA** NAME 301 CLEMATIS STREET, STE. 3000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS 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

SIGNATURE:

HHachment DH 9990W12254 DW 81368

August 23, 2000

Booth-Crowley P.A.
Certified Public Accountants & Consultants

Dept of State Uniform Business Report Filing P.O. Box 1500 Tallahassee FL 32302-1500

RE: UBR Filing

To Whom It May Concern:

Per my conversation with a Dept of State employee I am sending in the Uniform Business Report that I received marked Second Notice with an explanation of why I am only sending in \$150.00. The packet marked Second Notice was the first packet that I received therefore I am requesting that the penalty be waived. I am very diligent about filing report timely and would not have overlooked this had I received it.

Thank you for your anticipated cooperation.

Respectfully,

Kathleen A. Booth, CPA