

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000081327

1. Entity Name

MONOLITH VII, INC.

FILED
Apr 30, 2001 8:00 am
Secretary of State

04-30-2001 90085 050 ***150.00

Principal Place of Business

7326 LAKE WORTH RD, SUITE 1194
LAKE WORTH FL 33467

Mailing Address

7326 LAKE WORTH RD, SUITE 1194
LAKE WORTH FL 33467

2. Principal Place of Business

7318 LAKE WORTH RD
Suite, Apt. #, etc.

3. Mailing Address

7318 LAKE WORTH RD
Suite, Apt. #, etc.

City & State

LAKE WORTH FL

City & State

LAKE WORTH FL

Zip

33467

Country

PAID BEN

Zip

33467

Country

PAID BEN

4. FEI Number

65-0946237

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RATFIELD, LOUIS W
7326 LAKE WORTH RD
LAKE WORTH FL 33467

7. Name and Address of New Registered Agent

Name

LOUIS W. RATFIELD

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

7318 LAKE WORTH RD

City

LAKE WORTH

FL

Zip Code

33467

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's 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

TITLE	P	<input type="checkbox"/> Delete
NAME	RATFIELD, LOUIS W	
STREET ADDRESS	7326 LAKE WORTH RD	
CITY-ST-ZIP	LAKE WORTH FL 33467	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	7318 LAKE WORTH RD	
CITY-ST-ZIP	LAKE WORTH, FL 33467	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

LOUIS W. RATFIELD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

3.30.01

Daytime Phone #

921.642-5854

CR2E034 (10/00)