## 2002 UNIFORM BUSINESS REPORT (UBR)

## May 22, 2002 8:00 am § Secretary of State **DOCUMENT #** P99000103387 1. Entity Name WOOLBRIGHT 1 FLORIDA, INC. 05-22-2002 90259 026 \*\*\*150.00 Principal Place of Business Mailing Address 4800 NORTH FEDERAL HIGHWAY 4800 NORTH FEDERAL HIGHWAY SUITE 108D SUITE 108D **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0963704 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name "Beaulieu," Dennis Street Address (P.O. Box Number is Not Acceptable) 4800 NORTH FEDERAL HIGHWAY SUITE 108D **BOCA RATON FL 33431** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition BEAULIEU, DENIS NAME 4800 NORTH FEDERAL HIGHWAY SUITE 108D STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition STILLER, DUANE NAME NAME 4800 NORTH FEDERAL HIGHWAY SUITE 108D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition FIMIANI, MICHAEL NÄME 4800 NORTH FEDERAL HIGHWAY SUITE 108D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 addition with all other like empowered.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

Unit PIKES RED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(9/01)

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FILED