

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000109386

1. Entity Name

FLORAVOICE, INC.

FILED

Mar 20, 2000 8:00 am
Secretary of State

03-20-2000 90023 006 ***150.00

Principal Place of Business

Mailing Address

~~2234 N. FEDERAL HIGHWAY
SUITE 332
BOCA RATON FL 33431~~

~~2234 N. FEDERAL HIGHWAY
SUITE 332
BOCA RATON FL 33481~~

2.

6278 N. Federal Hwy.
Suite 506
Ft. Lauderdale, Florida 33308

2. Additional Address

6278 N. Federal Hwy.
Suite 506
Ft. Lauderdale, Florida 33308



DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0967034

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

USA

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAYNE, FRANK
3600 S. OCEAN BOULEVARD #602
HIGHLAND BEACH FL 33487

Name

FRANK LAYNE

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

2234 N. Federal Hwy

City

BOCA RATON

FL

Zip Code

33431

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)

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Delete
NAME President
STREET ADDRESS FRANK LAYNE
CITY-ST-ZIP 2234 N. Federal Hwy
BOCA RATON, Florida 33431

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
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TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/00

Date

Daytime Phone #

CR25034 10/00