

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2000 8:00 am**  
**Secretary of State**

03-20-2000 90023 006 \*\*\*150.00

**DOCUMENT # P99000109386**

1. Entity Name

**FLORA VOICE, INC.**

Principal Place of Business

Mailing Address

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

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

2.

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

2. Mailing 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

Zip

Country

Zip

Country

USA

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAYNE, FRANK  
 3608 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

*Frank Layne*

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	President	<input type="checkbox"/> Delete
NAME	FRANK LAYNE	
STREET ADDRESS	2234 N Federal Hwy	
CITY-ST-ZIP	BOCA RATON, Florida 33431	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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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:

*Frank Layne*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/00

Date

Daytime Phone #

CR25034 (9/00)