## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED **DOCUMENT # S68924** May 30, 2000 8:00 am Secretary of State 1. Entity Name CITATION BUSINESS FORMS, INC. 05-30-2000 90051 009 \*\*\*550.00 Mailing Address Principal Place of Business 2300 CORPORATE BLDV 2300 CORPORATE BLDV SUITE 241 SUITE 241 BOCA RATON FL 33431-6312 **BOCA RATON FL 33431-7308** US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0281180 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **BOLNICK, DEBRA** Street Address (P.O. Box Number is Not Acceptable) 10593 SAINT THOMAS DRIVE **BOCA RATON FL 33498** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD Change ☐ Addition ☐ Delete TITLE TITLE **BOLNICK, DEBRA** NAME NAME 10593 SAINT THOMAS DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITL F **BOLNICK, BARBARA** NAME STREET ADDRESS 7161 WOODBRIDGE CIR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-7IP ☐ Change Addition TITLE SD Delete TITLE **BOLNICK, RICHARD** NAME NAME STREET ADDRESS 150 ROUNDHILL ROAD STREET ADDRESS CITY-ST-ZIP **ROSLYN HEIGHTS NY 11577** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE **BOLNICK, MARTIN** NAME NAME 7161 WOODBRIDGE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33434** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME 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 changed, or on an attachment with an address, with all other like approvered.

SIGNATURE:

SIGNATURE AND TYPES OF BEINTED NAME OF SIGNING OFFICER OF DIRECTOR

DEBRA BOLNICE 5

561 241 7725

Daytime Phone #