

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # S69608

1. Entity Name

JAMES A. MALTE, INC.

FILED
Jan 22, 2000 8:00 am
Secretary of State

01-22-2000 90012 042 ***150.00

Principal Place of Business

7000 SE FEDERAL HWY #300
STUART FL 34997
US

Mailing Address

2600 SE OCEAN BLVD T14
STUART FL 34997-8380
US

2. Principal Place of Business

1111 S FEDERAL HWY S238
Suite, Apt. #, etc.
SUITE 238

3. Mailing Address

1002 SW 3RD WAY
Suite, Apt. #, etc.

City & State
STUART FL 34994

City & State
BOYNTON BEACH FL 33426

Zip Country

Zip Country

4. FEI Number 65-0274197

Applied For
Not Applicable

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

MALTE, JAMES A.
2600 E OCEAN BLVD T 14
STUART FL 34996

Name MALTE, JAMES A.

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

1002 SW 3RD WAY

City BOYNTON BEACH FL Zip Code 33426

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	PD	<input type="checkbox"/> Delete
NAME	MALTE, JAMES A.	
STREET ADDRESS	2600 SE OCEAN BLVD., SUITE T14	
CITY-ST-ZIP	STUART FL	
TITLE	STD	<input type="checkbox"/> Delete
NAME	MALTE, NANCY C.	
STREET ADDRESS	2600 SE OCEAN BLVD, SUITE T14	
CITY-ST-ZIP	STUART FL	
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		

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALTE, JAMES A.	
STREET ADDRESS	1002 SW 3RD WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
TITLE	STD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MALTE, NANCY C.	
STREET ADDRESS	1002 SW 3RD WAY	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	
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:

JAMES A. MALTE

1/10/99

561 283 9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/99)