

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2000 8:00 am
Secretary of State

03-06-2000 90060 006 ***150.00

DOCUMENT # S98337

1. Entity Name

CNA TO GO, INC.

Principal Place of Business

Mailing Address

5870 SAND WEDGE DR
 BOYNTON BEACH FL 33437

5870 SAND WEDGE DR
 BOYNTON BEACH FL 33437-2054

1010 WATERWAY VILLAGE
 WPB FL 33413

2. Principal Place of Business

3. Mailing Address

1010 WATERWAY VILLAGE
 Suite, Apt. #, etc. WPB FL

Same
 Suite, Apt. #, etc. FL

City & State

City & State

Zip

Country

Zip

Country

33413

4. FEI Number

65-0295294

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

WHITMORE, DORIS
 6115 SEVEN SPRINGS BLVD
 GREEN ACRES FL 33463

Name: DORIS WHITMORE CNA TO GO
 Street Address (P.O. Box Number is Not Acceptable): 1010 WATERWAY VILLAGE CT
 City: WEST PALM BEACH
 City: FL Zip Code: 33413

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

Doris Whitmore
 Signature, typed or printed name of registered agent and title if applicable.

Doris Whitmore
 (NOTE: Registered Agent signature required when reinstating)

DATE

1-9-00

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	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	WHITMORE, DORIS	5870 SAND WEDGE DR	BOYNTON BEACH FL 33437	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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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:

Doris Whitmore
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-00