

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90031 002 ***150.00

DOCUMENT # V01665

1. Corporation Name
UNCLE GEORGE, INC.

Principal Place of Business
712 U.S. HWY 1
#400
NORTH PALM BEACH FL 33408
US

Mailing Address
712 U.S. HWY. 1
#400
NORTH PALM BEACH FL 33408
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/14/1991

4. FEI Number
65-0312309

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 40 Beth J. Harris

22 SUITE 550

23 WEST PALM BEACH, FL

24 33401 25 USA

2a. Mailing Address

26 40 BETH J. HARRIS

27 SUITE 550

28 WEST PALM BEACH, FL

29 33401 30 USA

9. Name and Address of Current Registered Agent

HARRIS, BETH J.
712 U.S. HWY 1
#400
NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent

81 Name Beth J. Harris
82 Street Address (P.O. Box Number is Not Acceptable)
1645 PALM BEACH LAKES BLVD.
83 SUITE 550
84 City WEST PALM BEACH FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Beth J. Harris

(NOTE: Registered Agent signature required when reinstating)

DATE 4/29/99

12. OFFICERS AND DIRECTORS

TITLE TS
NAME HARRIS, BETH J
STREET ADDRESS 712 US HWY 1, #400
CITY-ST-ZIP NORTH PALM BEACH FL

TITLE PD
NAME HARRIS, BETH J
STREET ADDRESS 712 US HWY 1, SUITE 400
CITY-ST-ZIP N PALM BEACH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 1645 PALM BEACH LAKES BLVD, #550
1.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 1645 PALM BEACH LAKES BLVD, SUITE
2.4 CITY-ST-ZIP WEST PALM BEACH, FL 33401 550

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Beth J. Harris, President 4/29/99 (56) 478-7077

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)