

2000 UNIFORM BUSINESS REPORT (UBR)**FILED****May 01, 2000 08:00 AM**
Secretary of State**DOCUMENT # V01665****1. Entity Name**
UNCLE GEORGE, INC.**Principal Place of Business**712 U.S. HWY 1
SUITE 550
NORTH PALM BEACH FL
33401 US**Mailing Address**712 U.S. HWY 1
SUITE 550
NORTH PALM BEACH FL
33401 US**2. Principal Place of Business**
1645 PALM BEACH LAKES BLVD.**3. Mailing Address**
1645 PALM BEACH LAKES BLVD.Suite, Apt. #, etc.
SUITE 550Suite, Apt. #, etc.
SUITE 550**City & State**
WEST PALM BEACH FL**City & State**
WEST PALM BEACH FL**Zip**
33401**Country**
US**Zip**
33401**Country**
US**4. FEI Number**
65-0312309**Applied For**
☐ Not Applicable**5. Certificate of Status Desired** ☐ **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentHARRIS BETH J.
1645 PALM BEACH LAKES BLVD
SUITE 550
NORTH PALM BEACH FL
33401**7. Name and Address of New Registered Agent****Name**
HARRIS BETH J.
Street Address (P.O. Box Number is Not Acceptable)
1645 PALM BEACH LAKES BLVD
SUITE 550
City
WEST PALM BEACH **FL** **Zip Code**
33401**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 BETH J. HARRIS****05/01/2000**

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****TITLE**
PD ☐ Delete
NAME
HARRIS BETH J
STREET ADDRESS
1645 PALM BEACH LAKES BLVD #550
CITY-ST-ZIP
WEST PALM BEACH FL 33401**TITLE**
TS ☐ Delete
NAME
HARRIS BETH J
STREET ADDRESS
1645 PALM BEACH LAKES BLVD #550
CITY-ST-ZIP
WEST PALM BEACH FL 33401**TITLE**
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE**
☐ Delete
NAME

STREET ADDRESS

CITY-ST-ZIP**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11****TITLE** ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE** ☐ Change ☐ Addition
NAME

STREET ADDRESS

CITY-ST-ZIP**TITLE** ☐ Change ☐ 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:** Beth J. Harris

P/d/ 05/01/2000