## **2000 UNIFORM BUSINESS REPORT (UBR)**

## FILED May 17, 2000 8:00 am Secretary of State DOCUMENT # **V03052** 1. Entity Name EDWARD J. HOPKINS, P.A. 05-17-2000 90949 023 \*\*\*150.00 Mailing Address Principal Place of Business 777 SOUTH FLAGLER DRIVE 777 SOUTH FLAGLER DRIVE 1900 PHILLIPS POINT WEST 1900 PHILLIPS POINT WEST 6 F I U U U WEST PALM BEACH FL 33401-6161 WEST PALM BEACH FL 33401-6198 3. Mailing Address 2. Principal Place of Business 400 AUSTRALIAN AVENUE SO. 400 AUSTRALIAN AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 5th FLOOR 5th FLOOR City & State Applied For City & State 4. FEI Number 65-0307264 Not Applicable EACH Zip 33401 Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HOPKINS, EDWARD J. Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DRIVE AUSTRALIAN AVENUE 1900 PHILLIPS POINT WEST WEST PALM BEACH FL 33401-6198 Zip Code 3340 i 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. Change ☐ Addition **PSTD** TITLE ☐ Delete TITLE HOPKINS, EDWARD J. NAME NAME STREET ADDRESS 400 AUSTRALIAN AVENUE SOL 5th FLOOR 777 SOUTH FLAGLER DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH, FL 33401 WEST PALM BEACH FL 33401 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITI F TITLE MAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRÉSS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

EDWARD J. HOPKINS

INTED NAME OF SIGNING OFFICER OR DIRECTOR