9/11/00-90013-050-$61.25-$61.25

COPY

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # V35259

1. Entity Name
THE PROCESS, INC.

FILED
00 SEP 27 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
~~940 SWEETWATER LN~~ ~~517~~ BOCA RATON FL 33431 US	~~940 SWEETWATER LN~~ ~~517~~ BOCA RATON FL 33431 US

2. Principal Place of Business	3. Mailing Address
5820 N. Federal Hwy	5820 N. Federal Hwy
Suite, Apt. #, etc. # 3D	Suite, Apt. #, etc. Ste. # 3D
City & State Boca Raton, Fl.	City & State Boca Raton, Fl.
Zip 33431 Country Palm Beach	Zip 33431 Country Palm Beach

4. FEI Number 65-0481156 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

AUGUSTA, SCHILDER
~~10311 SUNSET BEND DR~~
~~BOCA RATON FL 33428~~
4101 N. Ocean Blvd.
Apt. D1406
Boca Raton, Fl.
33431

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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 $550.00
After SEPTEMBER 13, 2000 Min. will be $750.00
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 ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SILVER, SHERRI J	NAME	
STREET ADDRESS	2519 N OCEAN #304	STREET ADDRESS	400003419564--0
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	-10/09/00--01097--001
TITLE	☐ Delete	TITLE	****488.75 ☐ Change ****488.75 ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/00)

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: Sherri J. Silver 9/6/00 561 338-2102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Sherri J. Silver