2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J78157** May 19, 2000 8:00 am Secretary of State TAMBONE COMMERCIAL REAL ESTATE, INC. 05-19-2000 90043 008 ***150.00 Mailing Address Principal Place of Business 10 BIRLINGTON MALL RD STE 245 10 BIRLINGTON MALL RD STE 245 BURLINGTON MA 01803-4130 BURLINGTON MA 01803 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2836716 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLANIGAN, JOHN F Street Address (P.O. Box Number is Not Acceptable) 625 N. FLAGLER DR. 9TH FLOOR, BARNETT CENTRE WEST PALM BEACH FL 33401 Zip Code City FL 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. DPVT ☐ Addition ☐ Delete TITLE TAMBONE, LORI B NAME 10 BURLINGTON MALL RD STE 245 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BURLINGTON MA 01803 CITY-ST-ZIP ☐ Addition Change TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.