2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 231846

MOCK, ROOS & ASSOCIATES, INC.

Principal Place of Business

Mailing Address

5720 CORPORATE WAY WEST PALM BEACH FL 33407 5720 CORPORATE WAY WEST PALM BEACH FL 33407

2. Principal Place of Business

Suite, Apt. #, etc.

- Zip

3. Mailing Address Suite, Apt. #, etc.

City & State

City & State

6. Name and Address of Current Registered Agent

Country Zip 4. FEI Number

5. Certificate of Status Desired

Fee Required 7. Name and Address of New Registered Agent

59-0878800

ZIMMERMAN, DALE WM **5720 CORPORATE WAY** WEST PALM BCH. FL 33407-9004

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

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

City

(NOTE: Registered Agent signature required when reinstating)

Country -

FILED

Feb 09, 2001 8:00 am

DO NOT WRITE IN THIS SPACE

X

Secretary of State 02-09-2001 90768 048 ***158.75

Zip Code

\$8.75 Additional

Applied For

Not Applicable

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.

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2001 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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE ☐ Delete ☐ Change mary Hanna Clodfelter 5720 Corporate Way West Polm Beach, FL 33407 NAME ZIMMERMAN, DALE WM STREET ADDRESS STREET ADDRESS 5720 CORPORATE WAY CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33407-9004 TITLE M Delete TITLE ۷Ď Debra C. McCray 5720 Corporate Way West-Palm Beach, FL-33407 NAME NAME CAIN, ROBERT A. STREET ADDRESS STREET ADDRESS 5720 CORPORATE WAY CITY-ST-ZIP CITY-ST: ZIP = 0 W PALM BCH FL 33407-9004 Change ☐ Addition □ Delete TITLE NAME ALEXANDER, KRISTINE A STREET ADDRESS STREET ADDRESS 5720 CORPORATE WAY CITY-ST-7IP CITY-ST-ZIP W PALM BCH FL 33407 Change ☐ Addition ☐ Delete TITLE NAME NAME BENNETT, TRACY O. STREET ADDRESS STREET ADDRESS **5720 CORPORATE WAY** CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH, FL 33407-9004 Change ☐ Addition TD Delete TITLE NAME NAME FORD, JOHN P. STREET ADDRESS STREET ADDRESS **5720 CORPORATE WAY** CITY-ST-ZIP CITY-ST-ZIP W. PALM BCH, FL 33407-9004 Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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. (561)683-3113

SIGNATURE:

DALE WM. ZIMMERMAN, PRES