2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 348513 Apr 20, 2000 8:00 am Secretary of State 1. Entity Name MOVSOVITZ & SONS OF FLORIDA, INC. 04-20-2000 90072 005 ***150.00 Principal Place of Business Mailing Address 3100 HILTON STREET 15305 DALLAS PKWY STE 1010 -ATTN: STACY KOHN JACKSONVILLE FL 32209 DALLAS TX 75248 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 59-1262727 Not Applicable DDISON Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 119 1500 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MAURER, LARRY Street Address (P.O. Box Number is Not Acceptable) 3100 HILTON ST. JACKSONVILLE FL 32203 Zip Code 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. Sec. 25 (177) 1 (35%) SIGNATURE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Addition Delete TITLE TITLE MAURER, LARRY H. NAME NAME 3100 HILTON STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32203 Change ☐ Addition ☐ Delete TITLE TITLE MOVSOVITZ, LAWRENCE NAME NAME STREET ADDRESS STREET ADDRESS 3100 HILTON STREET CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32203 Change ☐ Addition TITLE Delete TITLE KURK, BERNADETTE M. NAME NAME STREET ADDRESS STREET ADDRESS 15305 DALLAS PKWY- STE 1010 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75248 A DDISON 🛛 Change ☐ Addition Delete TITLE TITLE NAME PARKER, MITT **SMAIN** 15305 DALLAS PKWY- STE 1010 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75248 ADDISON Change DVTS Delete TITLE Addition TITLE STURGEON, BRIAN M NAME NAME STREET ADDRESS STREET ADDRESS 15305 DALLAS PKWY- STE 1010 CITY-ST-ZIP CITY-ST-ZIP Addison DALLAS TX 75248 7600 COO TITLE Change ☐ Addition TITLE ☐ Delete HAUGEN, STEVE NAME NAME STREET ADDRESS 3100 HILTON STREET 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:

JACKSONVILLE FL 32203