2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 417724 Jan 28, 2000 8:00 am 1. Entity Name **Secretary of State** PETE DYE, INC. 01-28-2000 90110 023 ***158.75 Mailing Address Principal Place of Business 3247 POLO DRIVE 3247 POLO DRIVE DELRAY BEACH FL 33483 DELRAY BEACH FL 33483-7337 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 35-1295829 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name - DYE-JR,PAUL -- -Street Address (P.O. Box Number is Not Acceptable) 3247 POLO DRIVE **DELRAY BEACH FL 33483** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change TITLE ☐ Delete TITLE DYE JR.PAUL NAME NAME STREET ADDRESS STREET ADDRESS 3247 POLO DRIVE CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL** ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME DARSCH, DIANE B. STREET ADDRESS STREET ADDRESS 3247 POLO DRIVE CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL TITLE Change Addition □ Detete TITLE NAME NAME STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ Delete TITLE Change Change TITE F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7iP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing dord 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 leport 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 port as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment like empt

Dye Jr. (President) 1/21/00

G OFFICER OR DIRECTOR