FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2001 8:00 am DOCUMENT # 583004 **Secretary of State** 1. Entity Name VERNICK & DAUGHTERS, INC. 03-01-2001 91330 035 ***150.00 Principal Place of Business Mailing Address 9530 TRIVOLO PL. 9530 TRIVOLO PL. **BOCA RATON FL 33434 BOCA RATON FL 33434** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1847430 Not Applicable Zip Country Country Zio **\$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 HANDIN, GARY I., ESQ. Street Address (P.O. Box Number is Not Acceptable) 3111 UNIVERSITY DR. CORAL SPRINGS FL 33065 City Zip Code F 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 Tax filing requirement and elects to do so After MAY 1, 2001 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. TITLE Delete TITLE Change Addition NAME NAME VERNICK, ROBERT STREET ADDRESS STREET ADDRESS 9530 TRIVOLO PL. CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Addition ☐ Defete TITLE ☐ Change TITLE S VERNICK, FRANCES NAME NAME STREET ADDRESS STREET ADDRESS 9530 TRIVOLO PL. CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 receive of 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 wi an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Vernicle 02/26/04

CR2E034 (10/00)