2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment

SIGNATURE:

May 17, 2002 8:00 am Secretary of State F63735 DOCUMENT # 1. Entity Name WILLNER & WILLNER, INC. 05-17-2002 90001 026 ***150.00 Principal Place of Business Mailing Address % MARTIN R. PRESS % MARTIN R. PRESS 448013 500 E BROWARD BLVD. \$1130 500 E BROWARD BLVD. S1130 FT. LAUDERDALE FL 33394 FT. LAUDERDALE FL 33394 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2159519 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Press, Martin R. Street Address (P.O. Box Number is Not Acceptable) 500 EAST BROWARD BLVD STE 1130 -FT. LAUDERDALE FL 33394 City 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, 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, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) TITLE ☐ Addition ☐ Delete TITLE Change WILLNER, JEFFREY C NAME NAME 3840 UTOPIA CT STREET ADDRESS STREET ADDRESS **COCONUT GROVE FL 33133** CITY-ST-7IP CITY-ST-ZIP DSV TITLE ☐ Delete TITLE Change ☐ Addition WILLNER, SHERILL NAME NAME 3840 UTOPIA CT STREET ADDRESS STREET ADDRESS COCONUT GROVE FL 33133 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #

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FILED