2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L94801 MILLAR-FARVIEW CORP. 04-26-2001 90006 041 ***150.00 Principal Place of Business Mailing Address 2419 AVON GENESCO 4420 BEACON CIRCLE **AVON NY 14414** SUITE 100 WEST PALM BEACH FL 33407 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 65-0228987 Not Applicable Zip Country Country \$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 MILLAN STEWART DAMON, CONRAD ESQ. Street Address (P.O. Box Number is Not Acceptable) 4420 BEACON CIRCLE RUN WEST PALM BCH, FL 33407 WINTERHAVEN 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. STEWFRT MILLAN SIGNATURE Signature, typed or printed name of registored agent and late if app?cub e. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. THLE Change ☐ Addition TITLE Delete STEWART MILLAR MILLAR, STEWART QUAILS NUN PASS NAME NAME 44 YACHT-CLUB PLACE STREET ADDRESS STREET ADDRESS WINTERHAVEN FL. TEQUESTA FL CITY+ST-7IP 33884 CITY-ST-ZIP ☐ Channe TITLE TITLE ☐ Addition Delete MILLAR, JAMES NAME NAME STREET ADDRESS C/O FARVIEW GOLF COURSE, 2419 AVON GENESCO STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP **AVON NY 14414** □ Change ■ Addition TITLE ☐ Defete TITLE MACKAIL, RON NAME NAME STREET ADDRESS 636 US HIGHWAY ONE, STE. 118 STREET ADDRESS CITY-ST-ZIPL N-PALM-BEACH-FL-63406~ City-Si-26-☐ Change Addition TITLE Deiete TITLE 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-ZIP ☐ Change ■ Addition ☐ Delete TICLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 1 19.07(3Xi): 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 is 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.

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FILED May 23, 2001 8:00 am Secretary of State