2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # N98000002824 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** MORSE HOLDING COMPANY OF PALM BEACH COUNTY 03-01-2000 90060 023 ****61.25 Principal Place of Business Mailing Address 4847 FRED GLADSTONE MEMORIAL DRIVE 4847 FRED GLADSTONE MEMORIAL DRIVE WEST PALM BEACH FL 33417-8023 WEST PALM BEACH FL 33417 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 65-0888855 Not Applicable Zip Country Zip 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 Name Street Address (P.O. Box Number is Not Acceptable) GACKENHEIMER, E D 4847 FRED GLADSTONE MEMORIAL DRIVE WEST PALM BEACH FL 33417 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Pavable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME GACKENHEIMER, E D STREET ADDRESS STREET ADDRESS 4847 FRED GLADSTONE MEMORIAL DRIVE CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33417 ☐ Addition ☐ Change TITLE D ☐ Delete TITLE NAME HAWTHORNE, LISA J NAME STREET ADDRESS 4847 FRED GLADSTONE MEMORIAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 TITLE D __ Delete TITLE ☐ Change ■ Addition NAME BOORD, E S NAME STREET ADDRESS 4847 FRED GLADSTONE MEMORIAL DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33417 Addition ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE

12. 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 the execute this required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with a true the empowered.

TITLE

NAME

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE COME SECURIOR SIGNATURE

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DREW GACKENHEIMER

2-21-00

561-471-5111

☐ Addition

Daytime Phone #

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