## 2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

## **FILED DOCUMENT # P20514** May 09, 2000 8:00 am Secretary of State DRISKILL INVESTMENTS LTD. CORPORATION 05-09-2000 90125 014 \*\*\*150.00 Mailing Address Principal Place of Business 4333 NORTH OCEAN BLVD. 4333 NORTH OCEAN BLVD. APT. DS 4 APT. DS 4 BOYNTON BCH FL 33483 BOYNTON BCH FL 33483-7534 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 11-2204037 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 Name DRISKILL. LUCIENNE Street Address (P.O. Box Number is Not Acceptable) 4333 NORTH OCEAN BLVD. APT DS4 **BOYNTON 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 DATE Signature, typed or printed name of registered agent and title it 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, 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 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition PTD TITLE Delete TITLE DRISKILL: WALTER-S. NAME NAME STREET ADDRESS STREET ADDRESS 4333 N. OCEAN BLVD. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH-FL PSD ☐ Addition Change Change ☐ Delete TITI F NAME DRISKILL LUCIENNE B. NAME STREET ADDRESS 4333 NORTH OCEAN BLVD., APT DS 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** TITLE ☐ Change Addition ☐ Delete TITLE BARNARD, RONALD L. NAME NAME 33 N. LASALLE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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

Lucienne Driskil