2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # P93000079988** GEORGE B. WITTMER ASSOCIATES, INC. 04-03-2001 90027 031 ***158.75 Mailing Address Principal Place of Business **625 OAK STREET** 625 OAK STREET C0040370 GREEN COVE SPRINGS FL 32043 GREEN COVE SPRINGS FL 32043 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0450042 City & State Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Brede, J. Daniel Street Address (P.O. Box Number is Not Acceptable) STE. 201, EAST BUILDING 1900 CORPORATE BLVD., N.W. **BOCA RATON FL 33431** Zip Code City FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE TITLE WITTMER, GEROGE NAME NAME STREET ADDRESS **625 OAK STREET** STREET ADDRESS **GREEN COVE SPRINGS FL 32043** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition PD Delete TITLE TITLE WITTMER, GEORGE NAME NAME STREET ADDRESS 938 HALL PARK RD STREET ADDRESS **GREEN COVE SPRINGS FL 32043** CITY-ST-ZIP CITY-ST-ZIP Change Addition MILE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete 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 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

GOO. WITTHER

Daytime Phone #

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR