2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P94000010773 D R PALM BEACH, INC. 01-29-2001 90137 025 ***150.00 Principal Place of Business Mailing Address 1900 PALM BEACH LAKES BLVD. 1800 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 σ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0467441 Not Applicable Zip Country Zip 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 Name WOOD, MICHAEL Street Address (P.O. Box Number is Not Acceptable) 1800 PALM BEACH LAKES BLVD. WEST PALM BEACH FL 33401 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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. Addition TITLE ☐ Delete TITLE ☐ Change DELLA RATTA, JOSEPH M NAME NAME STREET ADDRESS STREET ADDRESS 18385 S.E. VILLAGE CIRCLE CITY-ST-ZIP CITY-ST-ZIP TEQUESTA FL 33489 ☐ Delete ☐ Addition TITLE TITLE ☐ Change DELLA RATTA, JAMES J. NAME NAME STREET ADDRESS 627 BRACKENWOOD COVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 ☐ Delete TITLE Change ☐ Addition TITLE NAME DELLA RATTA, J. RAPHAEL NAME STREET ADDRESS 3890 RT 97 STREET ADDRESS CITY-ST-ZIP **GLENWOOD MD 21738** CITY-ST-ZIP ☐ Delete TITLE ★ Change Addition TITLE REDMOND, SENNIFER 1211 SOUTH EADS ST. LIMIT 1801 NAME DELLA RATTA, JENNIFER NAME STREET ADDRESS STREET ADDRESS 2257 N VERNON ST CITY-ST-ZIP CITY-ST-ZIP ARLINGTON VA 22207 PALLINGTON, VA ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME WOOD, MICHAEL NAME STREET ADDRESS STREET ADDRESS 1800 PALM BEACH LAKES BLVD CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 TITLE ☐ Delete TITLE Change ☐ Addition

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 of 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 of bowered to execute this report as 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

WKHVEJ