FILED May 01, 2003 8:00 am § Secretary of State

2003	FOR	PROFIT (CORPORA'	LION
UNIFO	RM E	BUSINESS	REPORT	(UBR)

P95000033123 **DOCUMENT #** 05-01-2003 90388 015 ***150.00 1. Entity Name RED LION BOCA, INC. Principal Place of Business Mailing Address 7136 BERACASA WAY 7136 BERACASA WAY **BAY 54 BAY 54 BOCA RATON FL 33433 BOCA RATON FL 33433** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. TI CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0586300 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERCADO, JEANINE Street Address (P.O. Box Number is Not Acceptable) 7136 BERACASA WAY **BAY 54 BOCA RATON FL 33433** Zip Code City 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 Fiorida. I am familiar with, and accept the obligations of registered agent. ** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change Addition CAMERON, ROBERT J NAME NAME STREET ADDRESS 9930-2 PINEAPPLE TR DR STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33436** CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete MERCADO, JEANINE NAME NAME STREET ADDRESS STREET ADDRESS 1440 SW 8TH AVENUE CITY-ST-ZIP -CITY_ST-ZIP_ BOCA-RATON FL-33456 ☐ Addition ☐ Delete TITLE Change TITLE NAME MERCADO, ROBERT NAME STREET ADDRESS STREET ADDRESS 4185 BIRCHWOOD DR. CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 TITLE Delete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

CITY-ST-ZIP

STREET ADDRESS

CITY-\$T-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

Delete

Change

☐ Addition

CR2E034 (10/02)