2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # **P97000013817** KEAGY WHIDDON FINANCIAL GROUP, INC. 05-16-2000 90182 018 ***150.00 Principal Place of Business Mailing Address 777 S FED HWY 777 S FED HWY FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number 65-0754120 Not Applicable Country Zip Zip \$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 LEONARD, C. GLENN Street Address (P.O. Box Number is Not Acceptable) 4875 NORTH FEDERAL HIGHWAY 10TH FLOOR FORT LAUDERDALE FL 33308 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. XX Change ☐ Addition TITLE ☐ Delete WHIDDON, GENE A JR NAME NAME 1620 S/E. 9th Street STREET ADDRESS 901 SOUTH FEDERAL HIGHWAY STE-200 --STREET ADDRESS CITY-ST-ZIP Ft. Lauderdale, Florida 33316 CITY-ST-ZIP FORT-LAUDERDALE-FL-33316 TITLE ☐ Delete TITLE KEAGY, PHILIP B NAME NAME 1627 S.E. 9th Street STREET ADDRESS 901 SOUTH FEDERAL HIGHWAY STE 200~ STREET ADDRESS Ft. Lauderdale, Florida 33316 CITY-ST-ZIP CITY-ST-ZIP FORT-LAUDERDALE FL 33316 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME

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

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NOME OF SIGNING OFFICER OR DIRECTOR

4/2000

5)5,2260

Daytime Phone #