2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # P98000032985 THOMAS H. DOUGHERTY, P.A. 05-08-2000 90073 043 ***150.00 Mailing Address Principal Place of Business 219 NORTH DIXIE HWY. 214 NORTH DIXIE HWY. LAKE-WORTH-FL-33420-0056 LAKE WORTH FL 33460 3. Mailing Address 2. Principal Place of Business 30026 P. O. BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0826264 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 3420-005 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ROSS, ROBERT Street Address (P.O. Box Number is Not Acceptable) 16363 7TH TERR N. WEST PALM BEACH FL 33418 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 Florida. 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition DP TITI F Change Change Delete DOUGHERTY, THOMAS H NAME NAME 772 U.S. Hishway one - 2nd fo STREET ADDRESS STREET ADDRESS 219 NORTH DIXIE LIWY. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33460 Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition [] Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE