2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 11, 2001 8:00 am Secretary of State DOCUMENT # P99000064158 1. Entity Name FOUNDATION CAPITAL, INC. 05-11-2001 90464 044 ***150.00 Principal Place of Business Mailing Address 122 OLYMPUS WAY 122 OLYMPUS WAY JUPITER FL 33477 UUUDUUUU JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 3555 Northlake Boulevard 3555 Northlake Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0935830 Palm Beach Gardens, Florida Palm Beach Gardens, Florida Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33403 ----⊸ે US Fee Required 33403 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Brian K. Waxman WAXMAN, BRIAN K Street Address (P.O. Box Number is Not Acceptable) 122 OLYMPUS WAY 3555 Northlake Boulevard JUPITER FL 33477 City Palm Beach Gardens 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 C. C. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE D, P, S, T Change ☐ Addition NAME Waxman, Brian K NAME Brian K. Waxman 122 OLYMPUS WAY STREET ADDRESS STREET ADDRESS 3555 Northlake Boulevard CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33477 Palm Beach Gardens, Florida 33403 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE ☐ Change ☐ Addition 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 TITLE ☐ Delete TITI F ☐ Change ☐ Addition 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 changed, or on an attachment with an argaress, with all other like empowered.