2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000102686** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name P.A. LETHBRIDGE & CO. COMMERCIAL REAL ESTATE SER 02-29-2000 90154 048 ***150.00 Mailing Address Principal Place of Business 100 S. PINE ISLAND RD., SUITE 200 100 S. PINE ISLAND RD., SUITE 200 PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LETHBRIDGE, BARRY Street Address (P.O. Box Number is Not Acceptable) 100 S. PINE ISLAND RD., SUITE 200 PLANTATION FL 33324 Zip Code City FI জানুর্নিত্ত its registered office or registered agent, or both, in the State of Florida. ment for the purpose of 8. The above named anythy submits this start SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to saysfy 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. Trust Fund Contribution. Added to Fees Make Clieck Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition **PSTD** Delete TITLE TITLE LETHBRIDGE, BARRY NAME NAME STREET ADDRESS 100 S. PINE ISLAND RD., SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33324 Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information surplied 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 supplied that the port 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 of 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 address, with all other like empowered.

SIGNATURE:

changed, or on an attachmen