2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other

FILED Jan 29, 2000 8:00 am Secretary of State **DOCUMENT # S04172** JOHNSON, ANSELMO, MURDOCH, BURKE & GEORGE A PROF 01-29-2000 90095 003 ***150.00 Mailing Address Principal Place of Business 790 EAST BROWARD BLVD. 790 EAST BROWARD BLVD. SUITE 400 SUITE 400 FORT LAUDERDALE FL 33301-2076 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0220140 Not Aprilled Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent = Name MURDOCH, ROBERT E. Street Address (P.O. Box Number is Not Acceptable) 790 EAST BROWARD BLVD. FORT LAUDERDALE FL 33301 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) DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Delete TITLE MURDOCH, ROBERT E. NAME NAME 790 EAST BROWARD BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Change Addition Delete TITLE TITLE JOHNSON, E. BRUCE NAME STREET ADDRESS STREET ADDRESS 790 EAST BROWARD BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Change ■ Addition TITLE ☐ Delete TITLE BURKE, MICHAEL T. NAME NAME STREET ADDRESS 790 EAST BROWARD BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Additior Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE 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