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FILED

Sep 05, 2001 8:00 am Secretary of State

2001 UNIFORM BUSINESS REPORT (UBR)

V15786

DOCUMENT #

1. Entity Name

CITY-ST-7IP

SIGNATURE:

ATLAS GENERAL AGENCY OF THE SOUTHEAST, INC. 09-05-2001 90012 043 ***550.00 Principal Place of Business Mailing Address 500 W CYPRESS CREEK RD 500 W CYPRESS CREEK RD STE 450 STE 450 FT LAUD FL 33309 FT. LAUD FL 33309 US 2. Principal Place of Business 3. Mailing Address 282 S. COCONUT PM 282 S. COCONUT PALM BLUD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 65-0316378 TAVERNIDE FLORIDA TA VERNIER FLORITA Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 33070 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TARRENCE, DONALD J Street Address (P.O. Box Number is Not Acceptable 2415 NW 31ST STREET 282 S. COCONUT PAUN BLUD **BOCA RATON FL 33431** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (5/01) TITLE ☐ Delete TITLE ☐ Addition TARRENCE, DONALD J 282 S. COCONUT PAN BLUD 2415 NW 31ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TAUGRAGER FL TITLE ☐ Delete Change ☐ Addition TITLE NAME TARRENCE, DONALD J NAME Z82 S. COCODUT PARM BLUD STREET ADDRESS STREET ADDRESS 2415 NW 31ST STREET CITY-ST-7IP CITY-ST-7IP **BOCA RATON FL** TAJERNICK FL 33070 TITLE TITLE-Change - Addition -VD' Delete : NAME TARRENCE, BRENDA S. NAME STREET ADDRESS 2415 NW 31ST ST STREET ADDRESS 282 S. COCONUT PALM ALVO CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** TAJERNIER FL 33070 Delete TITLE TITI F ☐ 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 outh; 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 address, with all other like empowered.