2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED Mar 03, 2003 8:00 am Secretary of State

02-12-2003 90068 028 ***150.00

P02000107884 **DOCUMENT #** 1. Entity Name 35TH STREET PROPERTIES, INC. **UUU T U >> U U** Mailing Address Principal Place of Business: 1101 SE 15TH AVE. 1101 SE 15TH AVE. DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 3. Mailing Address 2. Principal Place of Business Eas llot TO CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FE! Number City & State City & State Not Applicable \$8.75 Additional Certificate of Status Desired Fee.Required 30(o 7. Name and Address of New Registered Agent 0." Name and Address of Current Registered Agent Name TILLEY, LYN Street Address (P.O. Box Number is Not Acceptable)
1101 East Sangle Road -1101-SE-15TH-AVE. <u>East Sangle</u> DEERFIELD BEACH FL 33441-8. 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. I am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when minstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Director Addition CR2E034 (10/02) TITLE Delete TITLE Peter NAME HOOVER, GARY NAME SAMPLE Kond 1101 SE 15TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-71P **DEERFIELD BEACH FL 33441** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defeta TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition - □ 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 Addition ☐ Change ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 Postee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.