2001 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Donald C. Lainhart

FILED Feb 03, 2001 8:00 am Secretary of State **DOCUMENT # 009133** 1. Entity Name LAINHART AND POTTER 02-03-2001 90073 027 ***150.00 Principal Place of Business Mailing Address 715 25TH STREET PO BOX 428 715 25TH ST. 715 25TH ST. WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33402 2. Principal Place of Business 3. Mailing Address P.O. Box 428 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-0323763 West Palm Beach, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33402 USA Fee Required =-6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAINHART, DONALD C Street Address (P.O. Box Number is Not Acceptable) 715 25TH ST WEST PALM BEACH FL 33402 Zip Code City FI 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 12. TITLE ☐ Delete ☐ Addition ☐ Change NAME LAINHART, GEORGE D NAME STREET ADDRESS 136 EBBTIDE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP N. PALM BEACH FL ☐ Delete TITLE ☐ Change ☐ Addition NAME MCKENNA JR.E RIDGE NAME STREET ADDRESS STREET ADDRESS 1534 N OCEAN WAY CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 TITLE Delete **PSD** TĪTLE ☐ Change ☐ Addition NAME LAINHART, DONALD C NAME STREET ADDRESS STREET ADDRESS 14656 BOXWOOD DR CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 Delete TITLE VTD TITI F ☐ Change ☐ Addition NAME LEFFLER, JERE B NAME STREET ADDRESS STREET ADDRESS 52 DORCHESTER CIR CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 TITLE ☐ Delete ☐ Change TITLE 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 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

561-832-5541

January 30, 2001