2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am Secretary of State 009133 **DOCUMENT #** 1. Entity Name 02-11-2002 90095 016 ***150.00 LAINHART AND POTTER Principal Place of Business Mailing Address 715 25TH STREET PO BOX 428 715 25TH ST. WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0323763 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Joseph C. Kempe, Esquire LAINHART, DONALD C Street Address (P.O. Box Number is Not Acceptable) C/O Joseph C. Kempe, Professional Assoc. 715 25TH ST WEST PALM BEACH FL 33402 941 North Highway A1A City Jupiter ed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above name seph C. Kempe, Esquire SIGNATURE or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete LAINHART, GEORGE D NAME NAME 136 EBBTIDE STREET ADDRESS STREET ADDRESS N. PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change MCKENNA JR,E RIDGE NAME NAME 1534 N OCEAN WAY STREET ADORESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE PSD -☐ Delete TITLE Change LAINHART, DONALD C NAME NAME STREET ADDRESS 14656 BOXWOOD DR STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33418 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition LEFFLER, JERE B NAME NAME **52 DORCHESTER CIR** STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 changed, or on an attachment with an adjuress, with all other life empowered.

/-23-02 56/-832-554)

Date Dayline Phone #

Saus Donald C. Lainhart, President ED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED