2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 23, 2000 8:00 am Secretary of State DOCUMENT # 155526 1. Entity Name LEHNHARD-BURGESS CORPORATION 04-23-2000 90060 027 ***150.00 Principal Place of Business Mailing Address 6261 NW 6TH WAY 6261 NW 6TH WAY SUITE 102 SUITE 102 FT. LAUDERDALE FL 33309-6103 FT LAUDERDALE FL 33309 HS 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-0584327 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VESTAL, J. SCOTT Street Address (P.O. Box Number is Not Acceptable) 6261 NW 6TH WAY SUITE 102 FT. LAUDERDALE FL 33309 Zip Code 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) Signature, typed or printed name of registered agent and title if applicable. 10: Election Campaign Financing \$5.00 May Be OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Delete TITI F VESTAL, JOAN G. NAME 6261 NW 6TH WAY, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE, FL 00000 CITY-ST-ZIP ☐ Change □ Addition Delete TITLE TITLE VESTAL, J SCOTT NAME NAME 6261 NW 6TH WAY, SUITE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 SD Change ☐ Addition Delete PAUL, MARY NAME STREET ADDRESS 6261 NW 6TH WAY, SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 ☐ Delete TITLE Change ■ Addition TITLE NAME PAUL. GENE STREET ADDRESS 6261 NW 6TH WAY, SUITE 102 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE, FL 00000 Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP *** ☐ Change TITLE: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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