2003 FOR PROFIT CORPORATION

FILED Mar 10, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 189633 1. Entity Name 03-10-2003 90767 027 ***150.00 ALLEN B. CRAMER INC. Principal Place of Business Mailing Address 2220 NW 39TH DR 2220 NW 39TH DR **BOCA RATON FL 33431 BOCA RATON FL 33431** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-0758874 Not Applicable Zip Country Zip 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 CRAMER, ALLEN B. 2220 NW 39TH DR **BOCA RATON FL 33431** 08 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. the obligations of registered agent. SIGNATURE diguature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE President CRAMER, ALLEN B. ☐ Addition NAME NAME 2220 NW 39TH DRIVE STREET ADDRESS STREET ADDRESS DOCK CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME CRAMER, NANCY N NAME Breet STREET ADDRESS 2220 NW 39TH DRIVE STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP TITLE Defete -NAME CRAMER, A. BRETT NAME STREET ADDRESS 2915 NE 60 ST. STREET ADDRESS 378 CITY-ST-ZIP FT. LAUDERDALE FL 33308 CITY-ST-ZIP TITLE AS Delete TITLE ☐ Change CRAMER, MARK N NAME NAME STREET ADDRESS 18378 CORAL CHASE DR. 39 DR STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP Boc TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÈ STREET ADDRESS STREET ADDRESS

12. Thereby certify that the information supplied with this filing does not diality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplied with this filing does not diality for the exemption stated in Section 119.07(3)(ii), Florida Statutes. I further certify that the information of the corporation of t

CITY-ST-ZIP

STREET ADDRESS

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TITLE

NAME

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TITLE

NAME

☐ Change

☐ Addition

CR2E034 (10/02)