FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 15, 2000 8:00 am Secretary of State **DOCUMENT # 216160** HILL YORK SERVICE CORPORATION 02-15-2000 90018 032 ***158.75 Principal Place of Business Mailing Address P. O. BOX 350155 2125 S. ANDREWS DRAWINGA FT LAUDERDALE FL 33316 FT LAUDERDALE FLA 33335-0155 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-084 1945 Not Applicable \$8.75 Additional Zip Country 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 Name TRUESDEL, DONNIE B. Street Address (P.O. Box Number is Not Acceptable) 4660 SW 70TH TERRACE FORT LAUDERDALE FL 33316 City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. ☐ Change ☐ Addition TITLE Delete TITLE BAGLEY, ELDEN M NAME NAME 2125 S ANDREWS AVE STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TRUESDEL, DONNIE B. NAME NAME **6921 SW 56TH COURT** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP: -DAVIE FL SD ☐ Delete TITLE Change Addition TITLE LAFFERTY, ROBERT S NAME NAME 1730 SE 11TH STREET STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE KERNEY, MARK NAME NAME **421 CHESTNUT LANE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE LAFFERTY, ROBERT W. NAME NAME 824 S RIO VISTA BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-7IP TITLE Change Addition ☐ Delete TITLE

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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as feeting by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-7IP

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/00 (954) 525 297

Daytime Phone #