2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 224950 Apr 06, 2000 8:00 am Secretary of State 1. Entity Name BONNELL REALTY INC 04-06-2000 90036 003 ***150.00 Principal Place of Business Mailing Address 1050 S. FEDERAL HWY. 92 CITRUS PARK LN **BOYNTON BCH FL 33436-1854** DELRAY BEACH FL 33483 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-0874583 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEELE, PAUL J. Street Address (P.O. Box Number is Not Acceptable) 92 CITRUS PARK LA **BOYNTON BEACH FL 33436** Zip Code is statem. A for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity subistered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) FILÊ 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PDT CR2E034 (9/99 Addition Delete TITLE TITLE STEELE, PAUL J. NAME NAME 92 CITRUS PARK LA STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE STEELE, JOYCE NAME NAME 92 CITRUS PARK LA STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL** CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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 frue 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 his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered changed, or on an attachment with an address with all powered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR