2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 21, 2001 8:00 am Secretary of State **DOCUMENT # 253082** 1. Entity Name PARK CENTER INC 02-21-2001 90035 050 ***150.00 Mailing Address Principal Place of Business EDWARD FRANK ROEHRICH EDWARD FRANK ROEHRICH 1105 ROUTE 1 1105 ROUTE 1 LAKE PARK FL 33403 LAKE PARK FL 33403 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0947285 Not Applicable 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 Name ROEHRICH, EF Street Address (P.O. Box Number is Not Acceptable) 1105 US HWY #1 LAKE PARK FL Zip Code City FL 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 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition PD TITLE ☐ Delete TITLE ROEHRICH, EF NAME NAME 14538 100th Lane North STREET ADDRESS 1105 RT 1 STREET ADDRESS West Palm Beach, Fla. 33412 CITY-ST-ZIP CITY-ST-ZIP LAKE PARK FL Vice President TITLE X Delete TITLE WRIGHT, DONALD O Dianne K. Roehrich NAME NAME STREET ADDRESS 4429 SE KUBIN AVENUE STREET ADDRESS 14538 100th Lane North CITY-ST-7IP CITY-ST-ZIP STUART FL 34997 West Palm Beach, Fla. 33412 Change ☐ Addition Delete_ ASKEW, SHARON R. NAME NAME 15777 129TH PLACE NORTH STREET ADDRESS STREET ADDRESS 33478 CITY-ST-ZIP CITY-ST-ZIP JUPITER FL X Change ☐ Addition Delete TITLE TITLE SCOTT, MARGARET A NAME NAME 8551 SOUNDINGS PLACE STREET ADDRESS STREET ADDRESS 33455 CITY-ST-ZIP CITY-ST-ZIP HOBE SOUND FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 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 address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

KOEHRICH 2.14.01 561 848.1515