2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 274629 Mar 01, 2000 8:00 am 1. Entity Name **Secretary of State** HOWARD COOK - GENERAL CONTRACTOR, INC. 03-01-2000 90009 015 ***150.00 Principal Place of Business Mailing Address 3201 TUXEDO AVE 3201 TUXEDO AVE WEST PALM BEACH FLA 33405-1069 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1022403 Not Applicable \$8.75 Additional Country Zip 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 COOK, H. GARY Street Address (P.O. Box Number is Not Acceptable) 3201 TUXEDO AVENUE WEST PALM BEACH FL 33405 Zip Code 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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-Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD ☐ Delete TITLE TITLE COOK, H. GARY NAME NAME STREET ADDRESS STREET ADDRESS 3201 TUXEDO AVE CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL Change Addition ☐ Delete TITLE TITLE COOK, JANET M. NAME NAME 3201 TUXEDO AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P WEST PALM BEACH FL Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-712 Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. Thereby 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

D OR PRINTED NAME OF SIGNING OFFICER OR DIREC

COOK; PRESIDENT 2/23/00 (561)683-5788