2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 303113** Jan 21, 2000 8:00 am **Secretary of State** RICHARD BARRIE JR. INC. 01-21-2000 90099 021 ***150.00 Principal Place of Business Mailing Address 9750 NW 200 ST RD 9750 NW 200TH ST. RD. LAUDERDALE BY 33308 MCINTOSH FL 32664 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1142283 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired - 🚤 🔲 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JANSEN, PHILIP Street Address (P.O. Box Number is Not Acceptable) 4530 N FEDERAL HWY FORT LAUDERDALE FL 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 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. TITLE Addition TITLE ☐ Delete NAME BARRIE.RICHARD NAME STREET ADDRESS STREET ADDRESS 9750 NW 200TH ST. RD. CITY-ST-ZIP CITY-ST-ZIP MCINTOSH FL ☐ Addition ☐ Change TITI F ☐ Delete TITLE NAME JANSEN, PHILIP NAME STREET ADDRESS STREET ADDRESS 4530 N. FEDERAL HWY. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE_FL ☐ Addition TITLE ☐ Delete TITLE Change NAME BARRIE, CYNTHIA NAME STREET ADDRESS STREET ADDRESS 9750 NW 200TH ST. RD. CITY-ST-ZIP CITY-ST-ZIP MCINTOSH FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME BARRIE, RICHARD NAME STREET ADDRESS STREET ADDRESS 9750 NW 200TH ST. RD. CITY-ST-ZIP CITY-ST-ZIP MCINTOSH FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME 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 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. BARRIE JR. 1-14-2000 (352) 591-3373

R DIRECTOR Date Dayline Phone #

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR