## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # 321688 May 23, 2000 8:00 am 1. Entity Name Secretary of State LOTSPEICH CO. OF FLORIDA, INC. 05-23-2000 90200 034 \*\*\*150.00 Principal Place of Business Mailing Address 6351 NORTHWEST 28 WAY 6351 NORTHWEST 28 WAY FT LAUDERDALE FL 33309-1739 FT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-1171393 Not Applicable ountry \$8.75 Additional 5. Certificate of Status Desired . . . . Fee Required Srawa d 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FEE, DAVID H Street Address (P.O. Box Number is Not Acceptable) 6351 NORTHWEST 28 WAY, Suite A FT LAUDERDALE FL 33309 Zip Code FL pits this systement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named epity sub SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE ered 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 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. CD ☐ Delete Chairman ☐ Addition TITLE TITLE FEE, EDWARD Edward NAME NAME unt lount #10 STREET ADDRESS 2000 SO. OCEAN DR #1110 STREET ADDRESS 3100 NE. CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE, FL 00000 Addition ☐ Delete TITLE TITLE David Fex FEE, DAVID H. NAME NAME and Street 3815 NE STREET ADDRESS 1718 CORAL RIDGE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL **Addition** ☐ Delete TITLE TITLE NAME NAME Jerry STREET ADDRESS STREET ADDRESS ろんひひ CITY-\$T-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition 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 NAME STREET ADDRESS STREET ADDRESS 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 Poort 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 dustee 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.

ED NAME OF SIGNING OFFICER OR DIRECTOR