2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 323099 Jan 12, 2000 8:00 am 1. Entity Name Secretary of State BATTLE CREEK ACRES, INC. 01-12-2000 90123 022 ***150.00 Mailing Address Principal Place of Business 4340 SW 93RD AVENUE 4340 SW 93RD AVENUE FT LAUDERDALE FLA 33328-2410 FT LAUDERDALE FL 33328-2410 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-1206567 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required. 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CLAIR, VERNA Street Address (P.O. Box Number is Not Acceptable) 4340 S.W. 93RD AVE DAVIE FL 33328 Zip Code 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, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Addition ☐ Change PTS TITLE TITLE Delete CLAIR, VERNA NAME NAME STREET ADDRESS 4340 SW 93RD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE FL 33328 ☐ Addition ☐ Delete TITLE Change TITLE CLAIR, VERNA NAME NAME STREET ADDRESS STREET ADDRESS 4340 SW 93RD AVE CITY-ST-ZIP CITY-ST-ZIP **DAVIE FL 33328** ☐ Addition Delete Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete ☐ Change ☐ Addition TITLE TITLE NAME 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 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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

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changed, or on an attachment with an address, with all other like empowered.

GNATURE:

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR