2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 346570** May 30, 2000 8:00 am Secretary of State TOP VERDICT, INC. 05-30-2000 90042 024 ***163.75 Principal Place of Business Mailing Address 965 NW 7TH STREET ROAD 965 N.W. 7 STREET ROAD MIAMI FL 33136 MIAMI FL 33136-3027 2. Principal Place of Business 3. Mailing Address SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SAME City & State Applied For 4. FEI Number City & State 59-1296650 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired K Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SAMÉ TAYLOR, RICHARD G., ATTY Street Address (P.O. Box Number is Not Acceptable) 965 NW SEVENTTH STREET ROAD **MIAMI FL 33136** Zip Code City .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 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 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 11. OFFICERS AND DIRECTORS 12. TITLE PD TITLE Change ☐ Addition ☐ Delete NAME TAYLOR, RICHARD G. NAME STREET ADDRESS STREET ADDRESS 965 NW 7TH ST RD CITY-ST-ZIP CITY-ST-ZIF MIAMI FL ☐ Change ☐ Addition ☐ Delete TITLE TAYLOR, THOMAS T. NAME STREET ADDRESS 3310 N.W. 29TH ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Delete Changer - - Addition TITLE TAYLOR, THOMAS T. NAME NAME STREET ADDRESS 3310 N.W. 29TH ST STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP TITLE Change ☐ Addition □ Delete TAYLOR, RICHARD W NAME STREET ADDRESS STREET ADDRESS 4258 IDLEBROOK RD CiTY-ST-ZIF CITY-ST-ZIP AKRON OH TITLE ☐ Delete TITLE Change Addition MAXINE, TAYLOR NAME NAME STREET ADDRESS 965 N.W. 7TH STREET RD STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP MIAMI FL ☐ Change Addition ☐ Delete TITLE 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 a other like empowered.

SIGNATURE