2000 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2000 8:00 am Secretary of State **DOCUMENT # 355756** 1. Entity Name BROWARD PILING, INC. 04-22-2000 90073 014 ***150.00 ' Mailing Address Principal Place of Business 1360 N W 13TH ST 1360 N W 13TH ST POMPANO BEACH FLA 33069-1927 POMPANO BEACH FL 33069 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1277271 Not Applicable Country \$8.75 Additional Zip 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 WOOTEN, RAYMOND EARL Street Address (P.O. Box Number is Not Acceptable) 301 NW 42ND AVE. **COCONUT CREEK FL 33066** 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME WOOTEN, RAYMOND E. STREET ADDRESS STREET ADDRESS 301 NW 42ND AVE. CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL ☐ Delete ☐ Change Addition TITLE TITLE WOOTEN, JUDY D.(ASST.) STREET ADDRESS STREET ADDRESS 301 NW 42ND AVE. CITY-ST-7IP CITY-ST-ZIP COCONUT CREEK FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME WOOTEN, JERRY R. STREET ADDRESS STREET ADDRESS 6640 NW 22ND COURT CITY-ST-ZIE CITY-ST-ZIF MARGATE FL Addition ☐ Change ☐ Delete TITLE TITI F NAME NAME EVERETT, CINDY A STREET ADDRESS STREET ADDRESS 4430 NE 1ST TERR CITY-ST-ZIP CITY-ST-ZIF POMPANO BCH. FL Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

SIGNATURE

4-17-00

954-974-6000

Daytime Phone