2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am § Secretary of State DOCUMENT # 361768 1. Entity Name PEACOCK & LEWIS ARCHITECTS & PLANNERS, INC. 05-19-2002 90139 001 ***317.50 Principal Place of Business Mailing Address 2705 PARK STREET P.O. BOX 6877 LAKE WORTH FL 33460 WEST PALM BEACH FL 33405 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1290903 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KNEEN. JEFFERY D Street Address (P.O. Box Number is Not Acceptable) 1400 CENTREPARK BLVD, STE 1000 WEST PALM BEACH FL 33401 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. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD TITLE ☐ Delete TITLE ☐ Addition NEFF, PAUL E NAME NAME 2705 PARK ST. STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition IDLE, BRIAN D NAME NAME 2705 PARK STREET STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition BARDIN, SUSAN S NAME 2705 PARK STREET STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-7IP AS ☐ Delete TITLE TITLE Change Addition KELLY, BRENDA L NAME NAME 2705 PARK STREET STREET ADDRESS STREET ADDRESS LAKE WORTH FL 33460 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MILLER, MITCHELL E NAME 2705 PARK ST STREET ADDRESS STREET ADDRESS LAKE WORTH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition **BRAIDO, ROBERT** NAME NAME 2705 PARK ST. 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 export is type of 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 an oddress, with a other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

LAKE WORTH FL 33460

REQUIRED RE AND TY ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED