2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2002 8:00 am Secretary of State DOCUMENT # 446554 1. Entity Name G.J. SCHIRRMAN & ASSOCIATES, INC. 05-08-2002 90047 004 ***150.00 Principal Place of Business Mailing Address 3038 E. COMMERCIAL BLVD. 3038 E. COMMERCIAL BLVD. BUUULIUI FT. LAUDERDALE FL 33308-4312 FT. LAUDERDALE FL 33308-4312 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1524987 Not Applicable Zip \$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 Name SCHIRRMAN, GEORGE J. Street Address (P.O. Box Number is Not Acceptable) 1961 DISCOVERY CIRCLE EAST POMPANO BEACH FL 33064 City 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 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 Tax filing requirement and elects to do so. \$5.00 May Be 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition SCHIRRMAN, GEORGE J. NAME NAME STREET ADDRESS 1961 EAST DISCOVERY CIRCLE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP TİTLE ☐ Delete TITLE Change ☐ Addition NAME SCHIRRMAN, T. RUTH NAME STREET ADDRESS 1961 EAST DISCOVERY CIRCLE STREET ADDRESS CITY-ST-7IP POMPANO BEACH FL CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME - - -SCHIRRMAN, To RUTH: ~ -NAME STREET ADDRESS 1961 EAST DISCOVERY CIRCLE STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

13. I hereby certify that the information supplied with this filling 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.

George J. Schirrman, President

SIGNATURE:

4-22-02

954-771-2200

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR