FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # 458263** 1. Entity Name PALM BEACH GROWERS EQUIPMENT CORP. -02-2001 90090 012 ***158.75 Principal Place of Business Mailing Address P O BOX 6925 P O BOX 6925 DELRAY BEACH FL 33446 DELRAY BEACH FL 33482-925 00030039 2. Principal Place of Business 3. Mailing Address 9481 West Atlantic Aye. BOX 6925 Suite: Apt. #. etc. DO NOT WRITE IN THIS SPACE no mail received here City & State City & State 4. FEI Number Applied For 59-1565939 DELRAY BEACH FL 33482-6925 Not Applicable Delray Beach FL 33446 Country \$8.75 Additional 5. Certificate of Status Desired 奴 33446 -US Fee Required - US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PARKS, RUTH J. Street Address (P.O. Box Number is Not Acceptable) 6633 SKYLINE DRIVE **DELRAY BEACH FL 33446** 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. (correcting only) PARKS, RUTH J., PRESIDENT MARCH 28. 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, 2001 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 OFFICERS AND DIRECTORS 11. 12. ☐ Change TITLE ☐ Delete TITLE NAME PARKS, RUTH J. STREET ADDRESS STREET ADDRESS 6633 SKYLINE DRIVE CITY-ST-ZIP CITY-ST-ZIF DELRAY BEACH FL Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete . Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR