2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 am Secretary of State 482670 DOCUMENT # 1. Entity Name FLANAGAN, ZBAR, TACKETT & ASSOCIATES, P.A. 05-23-2002 90128 002 ***150.00 Principal Place of Business Mailing Address PO BOX 14186 2127 SW 27TH TERRACE FT. LAUDERDALE FL 33302 FT LAUDERDALE FL 33312 3. Mailing Address 2. Principal Place of Business EAST BROWARD BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SU ITE 4. FEI Number Applied For City & State City & State 59-1609880 Not Applicable FORT LAUDERDALE Zip Country \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent THE SAME REGISTERED MARCUS ZBAR MARCUS J. Street Address (P.O. Box Number is Not Acceptable) ZBAR, MARCUS J (ADDRESS CHANCE 2127 SW 27TH TERRACE EAST BROWARD BLVP FT. LAUDERDALE FL 33312 700 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 TBAR MARCUS J. (P) Signature, wheel 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Delete TITLE TITLE ZBAR, MARCUS J. BEV D. SUITE 700 ZBAR, MARCUS J NAME NAMÉ 2127 SW 27TH TERRACE STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP PT. LAUDERDALE FL83301 U.S. TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

Daytime Phone #