2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # 564467** 1. Entity Name W.A. BENTZ, INC. 04-24-2001 90300 039 ***150 00 Principal Place of Business Mailing Address 916 SE 6TH ST 916 SE 6TH ST FT. LAUDERDALE FL 33301 FT. LAUDERDALE FL 33301 747778 2. Principal Place of Busines 3. Mailing Address Broward Blud 300 East Broward Bloo Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 本101 状(0) City & State 4. FEI Number Applied For 59-1786896 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 301 Fee Required 6. Name and Address of Current Registered Agent. 7...Name and Address of New.Registered Agent = Jam BENTZ, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 916 SE 6TH ST FT. LAUDERDALE FL 33301 10 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 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PDC PDC ☐ Delete TITLE BENTZ, WILLIAM A NAME NAME 916 SE 6TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP Change ☐ Addition TITLE TITLE BENTZ, CAROLINE D NAME NAME STREET ADDRESS STREET ADDRESS 916 SE 6TH ST CITY-ST-ZIP CITY ST-ZIP FT. LAUDERDALE FL ☐ Addition TITLE □ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME 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.

OK SIGNING OFFICER OR DIRECTOR

SIGNATURE: