2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am Secretary of State 601734 DOCUMENT # 1. Entity Name SCOTT, HARRIS, BRYAN, BARRA & JORGENSEN, P.A. 05-12-2002 90574 023 ***150.00 Principal Place of Business Mailing Address 4400 PGA BLVD 4400 PGA BLVD **STE 800** STE 800 PALM BCH GARDENS FL 33410 PALM BEACH FLA 33410 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 59-1280898 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BARRA, RICHARD K Street Address (P.O. Box Number is Not Acceptable) 4400 PGA BOULEVARD, SUITE 800 PALM BCH. GDNS. FL 33410 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME HARRIS, JAMES R NAME 4400 PGA BOULEVARD, SUITE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH, GDNS, FL CITY-ST-ZIP TITLE PD ☐ Delete TITLE ☐ Change ☐ Addition NAME BARRA. RICHARD K NAME STREET ADDRESS 4400 PGA BOULEVARD, SUITE 800 STREET ADDRESS CITY-ST-ZIP-PALM: BCH: GDNS:-FL-----CITY-ST-ZIP. TITLE ☐ Delete TITLE Change ☐ Addition NAME JORGENSEN, JOHN M NAME STREET ADDRESS 4400 PAG BOULEVARD, SUITE 800 STREET ADDRESS CITY-ST-ZIP PALM BCH GDNS FL 33410 CITY-ST-ZIP TITLE VTD Delete TITLE Change ☐ Addition BRYAN, JOHN L JR NAME NAME STREET ADDRESS 4400 PGA BOULEVARD STE 800 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33410 CITY-ST-7iP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 Richard ** Barra** Richard ** Barra**

4EQUIPESIdent

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(561-624-3900)

FILED