2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # 639874** Jan 12, 2000 8:00 am **Secretary of State** KIRWAN ENTERPRISES, INC. 01-12-2000 90046 041 ***150.00 Mailing Address Principal Place of Business 5870 STIRLING ROAD 5870 STIRLING ROAD HOLLYWOOD FL 33021-1527 HOLLYWOOD FL 33021-1527 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1947416 Not Applicable \$8.75 Additional Country Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOYCE H. KIRWAN KIRWAN, DAVID LEONARD, SR. Street Address (P.O. Box Number is Not Acceptable) 5870 STIRLING ROAD 5870 STIRLING ROAD HOLLYWOOD FL Zip Code 33021 HOLLYWOOD 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 red when reinstating) FILE NOW!!! FEE IS \$150.00 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, 2000 Fee will be \$550.00 «Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Director, President, Treas. XXChange K Delete TITLE TITLE NAME JOYCE H. KIRWAN NAME KIRWAN, DAVID L SR STREET ADDRESS STREET ADDRESS 5870 STIRLING RD 5870 STIRLING RD CITY-ST-ZIP CITY-ST-7IP HOLLYWOOD, FL 00000 HOLLYWOOD, FL 33021 *Addition ☐ Change ☐ Delete TITLE TITLE VSD Director, Vice Pres. KIRWAN, JOYCE D. NAME DANIEL M. KIRWAN STREET ADDRESS STREET ADDRESS 5870 STIRLING RD. 5870 STIRLING RD, CITY-ST-ZIP CITY-ST-7P HOLLYWOOD FL HOLLYWOOD, FL 33021 Change XX Addition · 🔲 Delete TITLE Director, Secretary NAME DAVID L. KIRWAN, JR. STREET ADDRESS STREET ADDRESS 5870 STIRLING RD, CITY-ST-ZIP CITY-ST-ZIP HOLLYWOOD, FL 33021 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 13. It 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

with all other like empowered.