FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 29, 2001 8:00 am DOCUMENT # 713923 **Secretary of State** 03-29-2001 90365 006 ****61.25 CORAL RIDGE POWER SQUADRON, INC. Principal Place of Business Mailing Address 1537 E. HILLSBORO BLVD., #441 1537 E. HILLSBORO BLVD., #441 DEERFIELD BEACH FL 33441 DEERFIELD BEACH FL 33441 2. Principal Place of Business 3. Mailing Address BLK Suite, Apt. #, etc Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-6210249 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) KALT, LOYD E TREAS 1537 E. HILLSBORO BLVD., #441 DEERFIELD BEACH FL 33441 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 **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Added to Fees **Department of State FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. DEO ☐ Addition Delete TITLE M Change TITLE DEO AURA M. TEATERO RAMEY, ELLEN S 3100 NE 28 24 #201 NAME NAME STREET ADDRESS 2472 SE 12TH ST STREET ADDRESS CITY-ST-ZIP POMPANO BEACH FL 33062 CITY-ST-ZIP FT LAUDER DALE, FL 33308 Change Change DC Delete TITLE Addition TITLE BARNES, DONALD W NAME NAME ANTHONY MILITELLO STREET ADDRESS STREET ADDRESS 4201 NW 34TH WAY 7304 SW 14 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 FT LAUDER 333 R ☐ Addition TITLE Delete TITLE BLADE, JANET S NAME NAME STREET ADDRESS 3120 NW 67TH CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33309 ☐ Change ☐ Addition TITLE Delete KALT, LOYD E STREET ADDRESS 1537 E HILLSBORO BLVD #441 STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH FL 33441 CITY-ST-ZIP Change | TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

3-26-2001 SIGNATURE: