2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 27, 2000 8:00 am Secretary of State **DOCUMENT # F25327** PETER WORTHY & ASSOCIATES, INC. 01-27-2000 90062 021 ***150.00 Mailing Address Principal Place of Business 39 EAST ACRE DRIVE 39 EAST ACRE DRIVE PLANTATION FL 33317 PLANTATION FL 33317-2640 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2093084 Not Applicable ~Countrý Zip Country ~~ Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WORTHY, PETER Street Address (P.O. Box Number is Not Acceptable) 39 EAST ACRE DRIVE PLANTATION FL 33317 Zip Code FL 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. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition PTD ☐ Delete TITLE TITLE WORTHY, PETER NAME NAME STREET ADDRESS STREET ADDRESS 341 E ACRE DR CITY-ST-ZIP **PLANTATION FL** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE TROTTA, RUTH NAME NAME 5190 LAS VERDES CR #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL ☐ Change ■ Addition TITLE TITLE ** ** *** Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITI F ☐ Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of trustee employered 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 vith all other like empowered.

SIGNATURE:

Jan. 22, 2000