2001 UNIFORM BUSINESS REPORT (B) BR)

Mar 14, 2001 8:00 am Secretary of State **DOCUMENT # F61365** COCOANUT PALM CLEANERS, INC. 03-14-2001 90476 041 ***150.00 Principal Place of Business Mailing Address 8517 E GARDEN OAKS C/O HOWARD T BROWN PALM BEACH GARDENS FL 33410 8517 E GARDEN OAKS CIR 1,92000 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2172457 Not-Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BROWN, HOWARD T. Street Address (P.O. Box Number is Not Acceptable) 8517 E. GARDEN OAKS CIRCLE PALM BEACH GARDENS FL 33410 Zip Code City 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. SIGNATURE 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Delete TITI F ☐ Change TITLE BROWN, HOWARD T NAME NAME 8517 E GARDEN OAKS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F BROWN, MARIE C NAME: NAME 8517 E GARDEN OAKS CIR STREET ADDRESS STREET ADDRESS CITY-ST-7IP PALM BEACH GARDENS FL CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Delete REEVES, SUSAN M NAME NAME 8517 E GARDEN OAKS CIR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL Change ☐ Addition ☐ Delete TITLE BROWN, DAVID'F NAME NAME 7432 ANSLEY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/8/01

561-625-9491

Daytime Phone #

FILED