2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 13, 2001 8:00 am Secretary of State **DOCUMENT # F75375** 1. Entity Name LAWRENCE A. BUDDE CLAIM SERVICE, INC. 03-13-2001 90319 005 ***150.00 Principal Place of Business Mailing Address 583 NORTHWEST 105TH DRIVE 583 NORTHWEST 105TH DRIVE CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 A0032546 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-2189411 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 307 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FLOYD, J. PATRICK Street Address (P.O. Box Number is Not Acceptable) 413 WILLIAMS AVENUE PORT SAINT JOE, FL . FL 32456 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 _10. Election Campaign Financing **\$5.00** May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete T/D F Change ☐ Addition BUDDE, MICHELE V NAME NAME Monte Carlo STREET ADDRESS 583 NW 105 DRIVE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME ---**BUDDE, LAWRENCE A** NAME STREET ADORESS 583 NW 105 DRIVE STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP I 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR