2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND PYPER OR PRINTED NAME

F SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # **F9200000580** May 24, 2000 8:00 am Secretary of State 1. Entity Name THE FURST GROUP HEADQUARTERS, INC. 05-24-2000 90054 043 ***150.00 Principal Place of Business Mailing Address FURST COMMERCE CENTER FURST COMMERCE CENTER 459 OAKSHADE ROAD 459 OAKSHADE ROAD VINCENTOWN NJ 08088-9520 VINCENTOWN NJ 08088 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 22-3015385 Not Applicable Zip 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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. The the Jack Co SIGNATURE 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 After 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Victor Balunott TITLE Change ddition TITLE STREEP, JOHN S NAME NAME 459 ogkstrude Rd STREET ADDRESS 15841 KILMARNOCK DR STREET ADDRESS Shamony NT 08088 CITY-ST-ZIP CITY-ST-7IP FORT MYERS FL 33912 UP 1 DI rector] **D**hange **M**odition TITLE wound Pripps KAYLOR, JAMES D NAME 459 oukshade Rd STREET ADDRESS STREET ADDRESS 14200 NW 112TH ST Shamony N5 08088 .CITY-ST-ZIP CITY-ST-ZIP MALCOLM NE 68402ecutary Youther Heas. ddition TITLE BRINN, SUZANNE M NAME christoplex Juni 459 vakshaderd STREET ADDRESS STREET ADDRESS 113 NORTH AVE. Mamony N CITY-ST-ZIP CITY-ST-ZIP **BLUE ANCHOR NJ 08037** ☐ Change Addition TITLE TITLE Frank Borrelli PHIPPS, WAYNE C NAME NAME tog oursnade Rd STREET ADDRESS STREET ADDRESS 9 POINTE VIEW DR CITY-ST-ZIP CITY-ST-ZIP MEDFORD NJ 08055 TITLE ☐ Change 7 Addition TITLE NAME BOCKEL, JEFFREY L NAME STREET ADDRESS STREET ADDRESS 10157 DIAMOND LAKE DR CITY-ST-ZIP CITY-ST-7IP **BOYNTON BEACH FL 33437** Change ☐ Addition TD TITLE TITLE STREEP, HUBERT NAME NAME STREET ADDRESS STREET ADDRESS 16 HAWTHORNE DR CITY-ST-7IP CITY-ST-ZIP MEDFORD NJ 13. 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 supplier ental 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 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 within a address, with all bitter like empowered.