2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9900005000 Mar 21, 2000 8:00 am Secretary of State 1. Entity Name T. JEFFREY INVESTMENTS INC. 03-21-2000 90054 004 ***158.75 Principal Place of Business Mailing Address 11501 ELLISON WILSON ROAD 11501 ELLISON WILSON ROAD NORTH PALM BEACH FL 33408-3101 NORTH PALM BEACH FL 33408 3. Mailing Address 2. Principal Place of Business 9123 N Military Trail 9123 N Military Trail Suite, Apt. #, etc. #208 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #208 Applied For City & State 4. FEI Number City & State 38-3426426 Palm Beach Gardens, FL Palm Beach Gardens, FL Not Applicable Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired 33410 33410 - -USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NORRIS, DAVID B Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HIGHWAY ONE, SUITE 400 NORTH PALM BEACH FL 33408 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 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition XX Change ☐ Delete TITLE JEFFREY, TIMOTHY J NAME 13441 Sabal Chase STREET ADDRESS 1 OLD FENCE ROAD STREET ADDRESS Palm Beach Gardens, FL 33418 PALM BEACH GARDENS FL 33418 GITY-ST-7IP CITY-ST-79 Change ☐ Addition ۷D XX Delete TITLE TITLE DOLEZAL, PETE L NAME NAME STREET ADDRESS STREET ADDRESS 502 PELICAN LANE CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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.

F Ecrimothy Jeffrey

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March 14, 2000 561-630-0400