2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 17, 2002 8:00 am Secretary of State **DOCUMENT #** G62873 1. Entity Name ENVIRONMENTS OF QUALITY, INC. 05-17-2002 90012 003 ***150.00 Principal Place of Business Mailing Address 600 SANDTREE DRIVE **600 SANDTREE DRIVE** 212 212 PALM BEACH GARDENS FL-33403 PALM BEACH GARDENS FL 33403 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2333285 Not Applicable Zip Country 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 LAFFERTY, ROBERT G. Street Address (P.O. Box Number is Not Acceptable) 8895 NO. MILITARY TRAIL E201 PALM BEACH GARDENS FL 33410 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Trust Fund Contribution. Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE (9/01)Change ☐ Addition LAFFERTY, ROBERT G NAME STREET ADDRESS 600 SANDTREE DRIVE STE 212 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33403 Palm Beach Gardins Goo Sandtree Drive Ste 212 Palm Beach Gardens, FL 33403 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME LAFFERTY, JOLYNN NAME STREET ADDRESS 8895 NO. MILITARY-TRAIL STREET ADDRESS CITY-ST-7IE PALM BEACH GARDESN FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME : 2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

CITY-ST-ZIP

SIGNATURE: