2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Mar 30, 2000 8:00 am **DOCUMENT # G64859 Secretary of State** MEARS REALTY AND INVESTMENTS, INC. 03-30-2000 90041 042 ***150.00 Principal Place of Business Mailing Address P O BOXZ 934069 10744 NW 8 CT MARGATE FL 33033 SUITE 103 O O O A O A O A CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2346872 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MEARS, PHYLLIS Street Address (P.O. Box Number is Not Acceptable) 10744 NW 8 CT SUITE 103 CORAL SPRINGS FL 33071 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change TITLE ☐ Defete TITLE PULS, WAYNE NAME NAME STREET ADDRESS STREET ADDRESS 10744 NW 8 CT CITY-ST-ZIP CITY-ST-7/P **CORAL SPRINGS FL 33071** ☐ Delete TITLE Change Addition TITLE NAME MEARS, PHYLLIS S NAME STREET ADDRESS STREET ADDRESS 10744 NW 8 CT CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 changed, or on an attachment with an appears, with all other like empowered.