FILED 2001 UNIFORM BUSINESS REPORT (UBR) Mar 01, 2001 8:00 am **DOCUMENT # G75551 Secretary of State** ALLEN, MATHEWS, BAKER, P.A. 03-01-2001 90042 044 ***150.00 Principal Place of Business Mailing Address 257 SE AVE E BELLE GLADE FL 33430 721759 P.O.Box 2529 Jupiter, F1 33468-2529 2. Principal Place of Business 3. Mailing Address P.O.Box 2529 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2351841 Not Applicable <u>Jupiter, F</u> Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 33468-2529 Palm Beach Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHN E. BAKER Street Address (P.O. Box Number is Not Acceptable) 112 Sand Pine Drive YOUNG AVENUE AN XBENIE GLADERIX 3848 M Jupiter, Fl Zip Code FL 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 DATE (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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Change Addition ☐ Delete TITLE BAKER, JOHN E NAME MAME 6X8/SE/2ND STREET STREET ADDRESS 112 Sand Pine Drive STREET ADDRESS CITY-ST-ZIP CITY-SI-ZIP dem gmade fix Jupiter, F1 33477 Delete Addition Change TITLE TITLE BAKER, JOHN E NAME NAME 6X8XSEX2ND STREETX STREET ADDRESS 112 Sand Pine Drive STREET ADDRESS CITY-ST-7IP BENLE GLADE YEL OOROO CITY-ST-ZIP Jupiter, F1 33477 Change TITLE ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MAIL ADDRESS CHANGE OF ☐ Delete ☐ Change Addition TITLE TITLE Allen, Mathews & Baker, P.A. NAME NAME CITY-ST-ZINEW MAIL ADDRESS: P.O. BOX 2529 STREET ADDRESS CITY-ST-ZIP Jupiter, FL. 33468-2529 Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF ☐ Change TITLE ☐ Delete TITLE ☐ Addition 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 with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR ED NAME OF SIGNING OFFICER OR DIRECTOR John E. Baker 7/21/2001 561-996-7272

Daytime Phone #

CR2E034 (10/00