2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Feb 04, 2000 8:00 am Secretary of State **DOCUMENT # G79917** 1. Entity Name CLEMENS BRUNS SCHAUB/ARCHITECTS AND ASSOCIATES, 02-04-2000 90009 009 ***158.75 Principal Place of Business Mailing Address 3383 OCEAN DRIVE P.O. BOX 4160 VERO BEACH FL 32964-1160 VERO BEACH FL 32964 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FE! Number 59-2366239 Not Applicable Ζip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SCHAUB, CLEMENS B. Street Address (P.O. Box Number is Not Acceptable) 3383 OCEAN DRIVE VERO BEACH FL 32963 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 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. 12. ☐ Addition TITLE Delete TITLE SCHAUB, CLEMENS BRUNS NAME STREET ADDRESS STREET ADDRESS 3383 OCEAN DRIVE CITY-ST-ZIP CITY-ST-ZIP vero beach fl 32963 ☐ Change ■ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS 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 of trustee emphasized to execute this report is required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

ER OR DIRECTOR