2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G80269 Mar 03, 2000 8:00 am 1. Entity Name **Secretary of State** CLOTILDE, INC. 03-03-2000 90028 049 ***150.00 Mailing Address Principal Place of Business 4301 N FEDERAL HWY 4301 N. FEDERAL HWY SUITE 200 SUITE 200 FORT LAUDERDALE FL 33308-5209 FT LAUDERDALE FL 33308-5209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2368276 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMPE, DONALD E Street Address (P.O. Box Number is Not Acceptable) 4301 N FEDERAL HIGHWAY SUITE 200 FORT LAUDERDALE FL 33308 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PD TITLE Change Addition TITLE ☐ Delete LAMPE, DONALD E. NAME NAME STREET ADDRESS STREET ADDRESS 4301 N. FEDERAL HWY SUITE 200 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE LAMPE, CLOTILDE R. NAME 4301 N. FEDERAL HWY SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE LAMAN, NANCY C. NAME 4301 N. FEDERAL HWY SUITE 200 STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition X Delete TITLE TITLE PHILLIPS, ROBERT W NAME NAME 4301 N FEDERAL HIGHWAY SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE FT. LAUDERDALE FL 33308 TITLE ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-00

954 498-2889

Daytime Phone