2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

FILED Feb 29, 2000 8:00 am Secretary of State **DOCUMENT # H15634** MILE MARKER, INC. 02-29-2000 90242 048 ***158.75 Mailing Address Principal Place of Business 1450 SW 13 CT. 1450 SW 13 CT. POMPANO BCH, FL 33069 POMPANO BCH. FL 33069-4708 50046603 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2490268 Not Applicable Country Zip \$8.75 Additional 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 AHO, RICHARD E. Street Address (P.O. Box Number is Not Acceptable) 5500 N.E. 31 AVE. FT LAUDERDALE FL 33308 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 ٠٠٠ ' 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition CCEO TITLE ☐ Delete TITLE AHO, RICHARD E. NAME NAME STREET ADDRESS STREET ADDRESS 5500 NE 31 AVE CITY-ST-ZIP CITY-ST-7IP FT LAUDERDALE FL ☐ Addition ☐ Change Delete TITLE AHO, LESUE J. NAME STREET ADDRESS STREET ADDRESS 5500 NE 31 AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change Addition ☐ Delete TITI F AHO, JOEL S. NAME . STREET ADDRESS STREET ADDRESS 5500 NE 31 AVE CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL ☐ Change Addition ☐ Delete TITLE TITLE NAME AHO, DREW V NAME STREET ADDRESS STREET ADDRESS 5045 NW 47 AVE CITY-ST-ZIP CITY-ST-ZIP COCONUT CREEK FL Delete ☐ Change Addition TITLE TITLE NAME DUGUID, DONAL NAME STREET ADDRESS STREET ADDRESS 23217 N 71 DR CITY-ST-ZIP CITY-ST-ZIP **GLENDALE AZ** Addition ☐ Change TITLE ☐ Delete TITLE George Shelley Comt NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath, 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