2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # H94187 May 01, 2000 8:00 am Secretary of State 1. Entity Name MARY T. WOJTUSIK INSURANCE AGENCY INC. 05-01-2000 90410 033 ***150.00 Principal Place of Business Mailing Address 560 VILLAGE BLVD 560 VILLAGE BLVD WEST PALM BEACH FL 33409-1963 WEST PALM BEACH FL 33409 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 59-2620429 Not Applicable 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 SMITH, MARY T. Street Address (P.O. Box Number is Not Acceptable) WOJTUSIK, SMITH: ASSOC. 560 VILLAGE BLOD #280 WEST PALM BEACH FL 33410 Zip Code City 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. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEOS Change Addition ☐ Delete TITLE SMITH, MARY T. NAME STREET ADDRESS **560 VILLAGE BLVD** STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33409 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE WOJTUSIK, DAVID J NAME STREET ADDRESS 560 VILLAGE BLVD STREET ADDRESS DITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33409 ☐ Change ☐ Addition ☐ Delete TITLE TITLE **PMAN** NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 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

4/21/00 561-471-8224

Daytime Phone #