2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 30, 2001 8:00 am **DOCUMENT # H97045** Secretary of State KEN THORNBERRY & ASSOCIATES, INC. 01-30-2001 90163 025 ***158.75 Principal Place of Business Mailing Address 1860 N UNIVERSITY DR 1802 N LINIVERSITY DR SUITE 102 PMB #384 -ひょかましり PLANTATION FL 33322 PLANTATION FL 33322 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2637733 Not Applicable Zip Country Zip Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHANGE ADDRESS THORNBEZZY KENNETH D. THORNBERRY, KENNETH D. Street Address (P.O. Box Number is Not Acceptable) 4951 NORTH UNIVERSITY DR SUITE 15 SUITE 12 SUITE 102. LAUDERHILL FL 33351 Zin Cod 2Z City PLANTATION 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 (NOTE: Registered Agent signature required when reinstating) title if applicable 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, 2001 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE THORNBERRY, KENNETH D. NAME NAME 9571 N.W. 31ST PLACE STREET ADDRESS STREET ADDRESS 33351 CITY-ST-ZIP CITY-ST-ZIP SUNRISE FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 of the corporation or the receiver or trustee empehanged, or on an attachment with an address h all other like empowered

KENNETH D. THORNOBERY
PRESIDENT

NING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR PRINTED NAME OF

SIGNATURE:

954-474-2616