2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State J06613 DOCUMENT # 1. Entity Name 02-21-2002 90101 002 ***163 DEBRON ASSOCIATES, INC. Principal Place of Business Mailing Address 1515 NORTH FEDERAL HIGHWAY 1515 NORTH FED HWY STE. 300 STE. 300 **BOCA RATON FL 33432 BOCA RATON FL 33432** US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2650865 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PEASLEY, RONALD M. Street Address (P.O. Box Number is Not Acceptable) 1515 NORTH FEDERAL HWY STE. 300 **BOCA RATON FL 33432** Zip Code City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 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. Addition Change ☐ Delete TITLE TITLE NAME NAME Peasley, ronald M. 1515 NORTH FEDERAL HWY., STE. 300 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE COOK, CHARLES NAME NAME STREET ADDRESS STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY, STE. 300 CITY-ST-7IP **BOCA RATON FL** CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE ST NAME NAME PEASLEY, DEBRA H STREET ADDRESS STREET ADDRESS 1515 NORTH FEDERAL HIGHWAY, STE. 300 CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change 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 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.

FILED