2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J16015 Mar 16, 2000 8:00 am 1. Entity Name **Secretary of State** WILSON & BUIST, INC. 03-16-2000 90078 031 ***150.00 Mailing Address Principal Place of Business 3467 W HILLSBORO BLVD 3467 W HILLSBORO BLVD SUITE 1 SUITE 1 DEERFIELD BEACH FL 33442-9473 DEERFIELD BEACH FL 33442 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 59-2682982 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUIST, THOMAS B. Street Address (P.O. Box Number is Not Acceptable) 1498 SW 5TH COURT **BOCA RATON FL 33432** 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 9150.00 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) \Box Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE BUIST, THOMAS B. NAME NAME STREET ADDRESS 1498 SW 5TH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition VPS. TITLE ☐ Delete TITLE NAME SAPINO, MARK NAME STREET ADDRESS 3467 W HILLSBORO BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33442 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: Thomas B Buist, Pres 3/6/00 (954) 426-530