2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED **DOCUMENT # J17469** Mar 31, 2000 8:00 am 1. Entity Name BOUTWELL INDUSTRIAL PARK, INC. **Secretary of State** 03-31-2000 90069 028 ***150.00 Principal Place of Business Mailing Address 430 NORTH G STREET 430 NORTH G STREET LAKE WORTH FL 33460-2928 LAKE WORTH FL 33460-2928 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 59-2680909 Not Applicable Zio Country \$8.75 Additional 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 VANDERWOUDE, JAMES Street Address (P.O. Box Number is Not Acceptable) 430 NORTH G STREET LAKE WORTH FL 33460 Zin 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. 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 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 \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRES TR. TITLE ☐ Change ☐ Addition Oelete TITLE VANDERWOUDE, JAMES NAME NAME STREET ADDRESS STREET ADDRESS **6225 PINE DRIVE** CITY-ST-ZIP CITY-ST-ZIP LANTANA FL VICE PRES VICE PRES SCOTT VANDER WOUDE Delete **Addition** TITLE SCOTT VANNER WOUND TITLE NAME SUNDOWN LANE NAME 2430 SUNDOWN LANE STREET ADDRESS STREET ADDRESS (GACITY-ST-7/P CITY-ST-ZIP 3346X LANTANA ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 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 suppliemental 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 employed 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 all other like empowered.

VANDER Wonde 3/23/00 St.