NAME DOTTERRER, JOHN C. NAME   STREET ADDRESS 125 WORTH AVE 310 STREET ADDRESS   CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP   TITLE PD Delete TILE   NAME REED, A. LACHLAN NAME   STREET ADDRESS STREET ADDRESS CITY-ST-ZIP   TITLE PD Delete TILE   NAME REED, A. LACHLAN NAME   STREET ADDRESS STREET ADDRESS CITY-ST-ZIP   PALM.BEACH FL 33480 CITY-ST-ZIP   NAME LACHLAN, REED A NAME   STREET ADDRESS CITY-ST-ZIP   TITLE PD Delete   NAME STREET ADDRESS CITY-ST-ZIP   TITLE PALM BEACH FL 33480 CITY-ST-ZIP   TITLE NAME STREET ADDRESS   STREET ADDRESS STREET ADDRESS CITY-ST-ZIP   TITLE NAME STREET ADDRESS<	DOCL 1. Entity Nar	1 UNIFORM BUSI	RT (UBR)		FILED Apr 24, 2001 8:00 am Secretary of State 04-24-2001 90056 037 ***150.00					E MOSCAN	
12 MORTH AVE STE 310   125 MORTH AVE STE 310     PALL BECKY FL 33800   PLAL MECKY FL 33800     2. Principul Place of Business   3. Mailing Address     Suite, Apt #, do:   Suite, Apt #, edc.     Criy & State   Cevinty     2. Principul Place of Business   Suite, Apt #, edc.     Criy & State   Cevinty     2. Principul Place of Business   Suite, Apt #, edc.     Criy & State   Cevinty     2. Principul Place of Business   Cevinty     2. Principul Place of Business   Cevinty     2. Principul Place of Business   Suite, Apt #, edc.     2. Do NOT WAITE IN Their SP-2828263   Applied For Principul Place of Business     2. Do Temper, John C. 12 SW ORTH AVE STE 310   Principul Place of Business     PALM BEACH FL 33480   Principul Place of Business     Criv Temper, John C. 12 SW ORTH AVE STE 310   Principul Place of Business     PALM BEACH FL 33480   Principul Place of Business   Business of Business     State Applied For Place of Business of Ceviness   Total For Applied For Place of Business   State Applied For Place of Business     State Applied For Place of Business of Ceviness   Total For Applied For Place of Place	Principal Pla	ce of Business	Mailing Address								
Suite, Apt. #, etc.     Suite, Apt. #, etc.     DO NOT WRITE IN THIS SPACE       City & State     4. FEI Number 59-2829263     Applied Fer.       City & State     4. FEI Number 59-2829263     Applied Fer.       City & State     4. FEI Number 59-2829263     Applied Fer.       City & State     4. FEI Number 59-2829263     Applied Fer.       B. Theme and Address of Current Registered Agent     7. Reme and Address of New Registered Agent     Fee Registered Agent       DOTTERHER, JOHN C.     125 WORTH AVE STE 310.     Name     Street Address (P C. Box Number 1 Not Acceptable)       PALM BEACH FL 33480     Street Address (P C. Box Number 1 Not Acceptable)     Fee Registered Agent Corrent Registered of State     City 'FL' 2p Code       8. The above named entity submits this adjatement for the purpose of Changing its registered Agent corrent and alors to do so.     City 'FL' 2p Code     Street Address (P C. Box Number 1 Not Acceptable)       10. State on corrent and alors to do so.     Mate Mark 1, 201 Fee will be States     10. State on corrent and alors to do so.     Street Address Corrent and alors to do so.     State Address Corrent and Registered Agent Corrent and Bark 1 (P C. Corrent and Particip Corrent and Partis Partis Particip Particip Partis Particip Partis Particip Part	125 WORTH A	VE STE 310	125 WORTH AVE STE 310								
City & State   City & State   4. FEI Number   Sp-2823263   Applied For INX Applied     Zip   Country   Zip   Country   S. Centricate of Samue Desired   Set 75 Accelered     E. Rame and Address of Curren Registered Agent   Name   S. Centricate of Samue Desired   Set 75 Accelered     DOTTERRER, JOHN C.   125 WORTH AVE STE 310, PALM BEACH FL 33480   Street Address (P O. Box Number 3 Not Acceptable)     City   FL   Zip Code     8. The above named entity submits this atlatement for the purpose of changing its registered Agent optimiser registered agent, or both, in the State of Florida.   Street Address (P O. Box Number 3 Not Acceptable)     SIGMATURE   The above named entity submits this atlatement for the purpose of changing its registered Agent optimiser registered agent, or both, in the State of Florida.     SIGMATURE   Tage functions inder a work of the floridate.   NOTE Registered Agent optimiser registered agent, or both, in the State of Florida.     SIGMATURE   Tage functions inder a work of the floridate.   NOTE Registered Agent optimiser registered agent, or both, in the State of Florida.     SIGMATURE   Tage functions inder a work of the floridate.   NOTE Registered Agent optimiser registered agent, or both, in the State of Florida.     SIGMATURE   Tage functions in the floridate floridate floridate floridate.   NOTE Registered Age	2. Principal I	Place of Business	3. Mailing Address								
Zp     Country     Zp     Country     Zp     System 2000     Net Application       6. Name and Address of Current Registered Agent     7. Name and Address of New Registered Agent <t< td=""><td colspan="2">Suite, Apt. #, etc.</td><td colspan="3">Suite, Apt. #, etc.</td><td colspan="6">DO NOT WRITE IN THIS SPACE</td></t<>	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE					
Zp   Country   Zp   Country   Sp. Continue of Status Desired	City & State		City & State		4.	3972029203					
B. Name and Address of Current Registered Agent T. Name and Address of New Registered Agent DOTTERRER, JOHN C. 125 WORTH AVE STE 310 PALM BEACH FL 33480 City FL Zip Code B. 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 Gene criteria on back Gene criteria on back City FL Zip Code S. 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 Gene criteria on back Gene criteria on back Gene criteria on back City FLE NOW!!! FEE IS 150.00 Make Check Payable to Department of State The S DOTTERRER, JOHN C. SECOND DIRECTORS THE MAKE SIGNATURE PD City C	Zip	Country	Zip	Country	. 5.	Certificate of S	Status Desired	□ \$8			-
DOTTERRER, JOHN C. 125 WORTH AVE STE 310. PALM BEACH FL 33480   Street Address (F.O. Box Number's Not Acceptable)     City   FL   Zip Code     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.   StGAATURE     SiGNATURE   Service, Speet or investment of ingueser agent and the f Applicable.   (MOTE Regenered Agent inguines realister)   Offic     8. This corporation is eligible to satisfy its Intangible Tax fling requirement and elects to do so.   After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State   10. Electron Campuign Financing Trust Fund Contribution.   \$5,00 May Be Added to Fees     11.   OFFICERS AND DIRECTORS   12.   Addition (Change Check State State)   Stee Addees   Change Check State   Addition (Change Check State)   Addition (Change Check State)     11.   OFFICERS AND DIRECTORS   12.   Addition (Change Check State)   Change Check State)   Addition (Change Check State)   Change Check State)   Addition (Change Check State)   Change Check State)   Addition (Change Check State)	); = * * * * * *	6. Name and Address of Current Re	gistered Agent						<u> </u>	d	-
125 WORTH AVE STE 310. PALM BEACH FL 33480 Street Address (P.U. Box Number & Not Acceptable)   City FL Zip Code   City FL Zip Code   8. The above named onity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. DDTE   SIGNATURE Bigmunt, systel ormed name of registered agent, or both, in the State of Florida. DDTE   9. This corporation is eligible to satisfy its Intancible Tax fling requirement and elects to do so. (See criteria on back) FILE NOW!!! FEE IS 3150.00 Atter MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Electon Campaign Financing Trust Fund Contribution \$5.00 May pe Trust Fund Contribution   11. OFFICERS AND DIRECTORS 12. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 11   11. OFFICERS AND DIRECTORS 12. ADDITIONIS/CHANGES TO OFFICERS AND DIRECTORS IN 11   11. OFFICERS AND DIRECTORS IN 11 ITTLE Change   Addit Make Addit In Fees   11. OFFICERS AND DIRECTORS IN 11 ITTLE Change   Addit Make ITTLE   12. OFFICERS AND DIRECTORS IN 11 ITTLE Change   Addit   11. OFFICERS AND DIRECTORS IN 11 ITTLE ITTLE   12. OFFICER AND DIRECTORS IN 11 ITTLE Change   Addit   11. Change   Addit ITTLE			<u></u>	Name				3	-		1
	125 WORTH AVE STE 310			Street Addre	Street Address (P.O. Box Number is Not Acceptable)				_		
	PALI	M DEACH FL 33480		City					Zin Cod		
SIGNATURE   Interview of registered agent and the flaghtable.   (NOTE Registered Agent synutral resolution)   DATE     9. This corporation is eligible to satisfy its Interrigible Tark flung requirement and elects to do so. (See criteria on back)   FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State   10. Election Campaign Financing Trust Fund Contribution.   \$5.00 May be Added to Fees     11.   OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     TITLE   S   Detete   TTLE   NMME     DOTTERRER, JOHN C. 125 WORTH ANK 210   SIRET ADDESS   Change   Addel     ITTLE   PD   Detete   TTLE   Otherse   Change   Addel     ITTLE   PD   Detete   TTLE   Otherse   TTLE   Change   Addel     ITTLE   PD   Detete   TTLE   NMME   Change   Addel     ITTLE					-			FL		e 	
11.   OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     TITLE   S   □ Delete   TITLE   □ Change   □ Additi     NAME   DOTTERRER, JOHN C.   STREET ADDRESS   STREET ADDRESS   □ Change   □ Additi     STREET ADDRESS   125 WORTH AVE 310   STREET ADDRESS   STREET ADDRESS   □ Change   □ Additi     TITLE   PD   □ Delete   TITLE   □ Change   □ Additi     NAME   REED, A. LACHLAN   NAME   STREET ADDRESS   □ Change   □ Additi     STREET ADDRESS   114 CLARKE AV   □ Change   □ Additi   NAME   STREET ADDRESS   □ Change   □ Additi     NAME   REED, A. LACHLAN, REED A   □ Delete   TITLE   □ Change   □ Additi     NAME   STREET ADDRESS   □ OTH ST-ZP   □ Change   □ Additi     NAME   STREET ADDRESS   □ OTH ST-ZP   □ Change   □ Additi     NAME   STREET ADDRESS   □ OTH ST-ZP   □ Change   □ Additi     NAME   STREET ADDRESS   □ OTH ST-ZP   □ Change   □ Additi     NAME   STREET ADDRESS	9. This corpo Tax filing	Signature, typed or printed name of registered agent and oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW!!! After MAY 1, 2001	FEE IS \$150.00 Fee will be \$550.0	00	10. Electio	,	ing			
TITLE   S   Delete   TITLE   Change   Additi     NAME   DOTTERRER, JOHN C.   125 WORTH AVE 310   STRET ADDRESS   STRET ADDRESS   STRET ADDRESS   Change   Additi     117-S1-2P   PALM BEACH FL   Change   Additi   STRET ADDRESS   Change   Additi     STRET ADDRESS   114 CLARKE AV   ITTLE   ITTLE   Additi   NAME   Additi     STRET ADDRESS   114 CLARKE AV   ITTLE   ITTLE   Additi   Additi     ITTLE   PD   Delete   ITTLE   ITTLE   Additi     ITTLE   PD   Delete   ITTLE   ITTLE   Additi     ITTLE   PD   Delete   ITTLE   ITTLE   Additi     ITTLE   PD   Delete   ITTLE   Additi   Additi     ITTLE   IA CLARKE AV   ITTLE   ITTLE   Additi   Ittle   Ittle <td></td> <td>· · · · · · · · · · · · · · · · · · ·</td> <td></td> <td></td> <td>_</td> <td>L DITIONS/CH/</td> <td>ANGES TO OFFICE</td> <td>RS AND DIF</td> <td>ECTOR</td> <td>6 IN 11</td> <td>-</td>		· · · · · · · · · · · · · · · · · · ·			_	L DITIONS/CH/	ANGES TO OFFICE	RS AND DIF	ECTOR	6 IN 11	-
TITLE   PD   Delete   TITLE   Change   Additi     NAME   REED, A. LACHLAN   STREET ADDRESS   CITY-ST-2P   PALM.BEACH-FL 33480   CITY-ST-2P     ITTLE   PD   Delete   TITLE   NAME   Change   Additi     NAME   LACHLAN, REED A   Delete   TITLE   NAME   Change   Additi     NAME   LACHLAN, REED A   Delete   TITLE   NAME   Change   Additi     NAME   LACHLAN, REED A   STREET ADDRESS   CITY-ST-2P   CITY-ST-2P   CITY-ST-2P   Additi     NAME   STREET ADDRESS   TITLE   NAME   STREET ADDRESS   CITY-ST-2P   CITY-ST-2P   Additi     ITTLE   NAME   STREET ADDRESS   CITY-ST-2P   CITY-ST-2P   CITY-ST-2P   Additi     ITTLE   Delete   TITLE   NAME   Change   Additi   Additi     STREET ADDRESS   CITY-ST-2P   CITY-ST-2P   CITY-ST-2P   CITY-ST-2P   CITY-ST-2P     ITTLE   NAME   STREET ADDRESS   CITY-ST-2P   CITY-ST-2P   CITY-ST-2P   Change   Additi <td< td=""><td>NAME Street adoress</td><td>DOTTERRER, JOHN C. 125 WORTH AVE 310</td><td>Delete</td><td>NAME STREET ADDRESS</td><td></td><td></td><td></td><td></td><td>- · · ·</td><td>Addition</td><td>E034 (10/00)</td></td<>	NAME Street adoress	DOTTERRER, JOHN C. 125 WORTH AVE 310	Delete	NAME STREET ADDRESS					- · · ·	Addition	E034 (10/00)
NAME   LACHLAN, REED A   NAME     STREET ADDRESS   114 CLARKE AV   STREET ADDRESS     DTY-ST-ZIP   PALM BEACH FL 33480   CITY-ST-ZIP     TITLE   Delete   TITLE     NAME   STREET ADDRESS   CITY-ST-ZIP     TITLE   STREET ADDRESS   CITY-ST-ZIP     TI	NAME STREET ADDRESS	PD REED, A. LACHLAN 114 CLARKE AV	Delete	NAME STREET ADDRESS			n af an international and a state		Change	Addition	CR2E00
NAME   STREET ADDRESS     CITY - ST - ZIP   STREET ADDRESS     TITLE   Delete     NAME   STREET ADDRESS     CITY - ST - ZIP   Change     MAME   STREET ADDRESS     CITY - ST - ZIP   Change     MAME   STREET ADDRESS     CITY - ST - ZIP   CITY - ST - ZIP     TITLE   Delete     NAME   STREET ADDRESS     CITY - ST - ZIP   CITY - ST - ZIP     TITLE   Delete     TITLE   CHANGE     STREET ADDRESS   CITY - ST - ZIP     TITLE   STREET ADDRESS     CITY - ST - ZIP   CHANGE     STREET ADDRESS   CITY - ST - ZIP     13. J 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 onth; that I am an officer or director 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 onth; that I am an officer or director	NAME Street address	LACHLAN, REED A 114 CLARKE AV	Delete	NAME STREET ADDRESS					Change	Addition	
NAME   NAME     STREET ADDRESS   STREET ADDRESS     CITY-ST-ZIP   CITY-ST-ZIP     TITLE   Delete     NAME   STREET ADDRESS     CITY-ST-ZIP   CITY-ST-ZIP     TITLE   Delete     TITLE   STREET ADDRESS     CITY-ST-ZIP   Change     Addition     NAME     STREET ADDRESS     CITY-ST-ZIP     TITLE     IS J 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 nindicated on this report or supplemental report is true and accurate and that my signature shall have the same lengel effect as if made under path; that Lam an officer or director director	NAME STREET ADDRESS		Delete	NAME STREET ADDRESS					Change	Addition	
NAME NAME   STREET ADDRESS STREET ADDRESS   CITY-ST-ZIP STREET ADDRESS   13. J 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 lengel effect as if made under path; that Lam an officer or directory	NAME STREET ADDRESS		Delete	NAME STREET AD DRESS			_		Change	Addition	
indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director	NAME Street address		Delete	NAME Street address					Change	Addition	
SIGNATURE: States JOHN OFTERRER 4/16/01 (561/655-7297	of the cor changed,	on this report or supplemental report is tru- poration or the receiver or trustee empower or on an attachment with an address with	ie and accurate and that my s	signature shall have ti required by Chapter i	he same I 607, Florid	legal effect as da Statutes; ar	if made under oath:	that Lam a	n officer	or director	