2001 UNIFORM BUSINESS REPORT (UBR)

Mar 21, 2001 8:00 am Secretary of State **DOCUMENT** # J78593 (7) 1. Entity Name 03-21-2001 90008 023 ***150.00 Roebuck Creek Ranch, Principal Place of Business Mailing Address SAME 2045 SW Kanner Hwy. A0035128 Stuart, FL 34997 在如果 - 水上水 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ... Burke Rebecca Street Address (P.O. Box Number is Not Acceptable) Ferne Brownell 2045 SW Kanner Hwy 2045 SW Kanner Hwy. Stuart, FL 34997 Zip Code <u>Stuart</u> 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. Rebecca Burke 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State CR2E034 (11/00) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE Delete TITLE Burke, Rebecca NAME STREET ADDRESS STREET ADDRESS 30 Cottage Terrace CITY - ST - ZIP CITY - ST - ZIP Bedford Hills, NY 10507 Addition X Delete Change TITLE TITLE NAME NAME Brownell, Ferne STREET ADDRESS Old Glenham Road Box 438 STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Fishkill, NY 12524 Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Change Addition TITLE Delete TITLE 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. July Rebecca Burke SIGNATURE: T

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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