2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J85915 Jan 14, 2000 8:00 am 1. Entity Name **Secretary of State** HESSEN & HESSEN, INC. 01-14-2000 90012 010 ***150.00 Mailing Address Principal Place of Business 7390 RED RD., STE, 202 7380 RED RD., STE, 202 SOUTH MIAM! FL 33143-5312 SOUTH MIAMI FL 33143 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-1290547 Not Applicable \$8.75 Additional 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 HESSEN, STEPHEN, SR. Street Address (P.O. Box Number is Not Acceptable) 606 SUGARWOOD WAY MELBOURNE FL 32940 Zip 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. 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 10. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition PD TITLE ☐ Delete TITLE HESSEN, VIRGINIA LEE NAME NAME STREET ADDRESS 606 SUGARWOOD WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ Addition ☐ Change Delete TITLE HESSEN, STEPHEN, SR. NAME STREET ADDRESS STREET ADDRESS 606 SUGARWOOD WAY CITY-ST-ZIP MELBOURNE FL CITY-ST-7IP -☐ Change ☐ Addition ☐ Delete TITLE HESSEN, ANDREW J. NAME NAME STREET ADDRESS STREET ADDRESS 7380 RED RD CITY-ST-ZIP CITY-ST-ZIP S MIAMI FL ☐ Change Addition TITI F ☐ Delete TITLE FAIRCHILD, VIRGINIA H. NAME STREET ADDRESS STREET ADDRESS 616 SUGARWOOD WAY CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 repeiver 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:

ALOREM T. HECCEN 1/5/2004

305-466-7884