2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver changed, or on an attachment w.

SIGNA

SIGNATURE:

an address, with all of

FILED **DOCUMENT # K13759** Mar 25, 2000 8:00 am 1. Entity Name **Secretary of State** GARDENS TITLE, INC. 03-25-2000 90018 009 ***150.00 Principal Place of Business Mailing Address 9121 N. MILITARY TR. SUITE 108 9121 N. MILITARY TR. SUITE 108 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-5985 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0028302 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WHITE, JUNE Street Address (P.O. Box Number is Not Acceptable) 18880 LOXAHATCHEE RIVER RD JUPITER FL 33458 8. The above named entity prophilis this statemant for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE agent and title if applicable (NOTE. Registered Agent signature required when reinstating) Signature, type 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, 2000 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PD ☐ Change Addition CR2E034 (9/99 ☐ Delete TITLE TITLE WHITE, JUNE NAME NAME 18880 LOXAHATCHEE RIVER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER FL 33458 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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