2001 UNIFORM BUSINESS REPORT (UBR) FILED May 04, 2001 8:00 am Secretary of State **DOCUMENT # K60694** 1. Entity Name MANNING, LEWIS & ASSOCIATES, INC. 05-04-2001 90123 045 ***150.00 Principal Place of Business Mailing Address 2436 ALLEN CT. 2436 ALLEN CT. LAKE WORTH FL 33462 LAKE WORTH FL 33462 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State NOT APPLICABLE Not Applicable 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 REYNOLDS, J STEVEN Street Address (P.O. Box Number is Not Acceptable) 2630 FOREST HILL BLVD WEST PALM BEACH FL 33406 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME HERBERT, ANNETTE E NAME STREET ADDRESS STREET ADDRESS 2436 ALLEN CT. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL ☐ Change ☐ Addition TITLE □ Delete TITLE HERBERT, ANNETTE E NAME NAME STREET ADDRESS STREET ADDRESS 2436 ALLEN CT. CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 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 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Change ☐ Addition Delete TITLE NAME NAME

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 receive 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28 April 61 561-434-1250