FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am Secretary of State **DOCUMENT # K90880** THE CENTRE OF LBK. INC. 01-31-2001 90325 031 ***150.00 Principal Place of Business Mailing Address 1543 2ND ST 1543 2ND ST SUITE 102 SUITE 102 SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0141847 Not Applicable Zip Country 7in Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BREUER, ELIZABETH A Street Address (P.O. Box Number is Not Acceptable) 1543 2ND ST SUITE 102 SARASOTA FL 34236 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE ☐ Change ☐ Addition BREUER, ELIZABETH NAME NAME STREET ADDRESS 1543 2ND ST, SUITE 102 STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Delete TITLE X1 Change ☐ Addition MARTYN, DAVID C NAME NAME Crespel, Martyn D. 28-30 The Parade St. Helier STREET ADDRESS PO BOX 546 28-30 THE PARADE STREET ADDRESS Jersey Channel Islands JE4-8XX CITY-ST-ZIP ST HELIER JERSEY CHANNEL IS UK BXY -JE 4 CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition SHACKLETT, SHARON A NAME NAME STREET ADDRESS 1543 2ND ST, SUITE 102 STREET ADDRESS SARASOTA FL 34236 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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.

ELIZABETH A RACHE

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12 /01

(941) 952-053

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Daytime Phone #