2001 UNIFORM BUSINESS REPORT (UBR) Apr 28, 2001 8:00 am Secretary of State DOCUMENT # K98177 1. Entity Name E & R YOUNG, INC. 04-28-2001 90057 043 ***150.00 Mailing Address Principal Place of Business 10178 WEST SAMPLE RD. 10178 WEST SAMPLE RD. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0176644 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ROSE, PETER A. Street Address (P.O. Box Number is Not Acceptable) % ROSE & ROSE, P.A. 2101 N. ANDREWS AVE., SUITE 200 FT. LAUDERDALE FL 33311 City 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. DATE (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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE YOUNG, EDWARD J. NAME NAME 10178 WEST SAMPLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **CORAL SPGS FL** CITY-ST-ZIP SD Change Addition TITLE ☐ Delete TITLE YOUNG, ROBERT M. NAME NAME 10178 WEST SAMPLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPGS FL CITY-ST-ZIP Addition ☐ Change - - □ Delete TITI F 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 ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE: _

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

EDWARD J. YOUNG SIGNATURE AND TYPED OF CH

☐ Delete