2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

May 01, 2003 8:00 am \(\frac{3}{8} \) Secretary of State K98177 DOCUMENT # 05-01-2003 90417 009 ***150.00 E & R YOUNG, INC. Principal Place of Business Mailing Address 10178 WEST SAMPLE RD. 10178 WEST SAMPLE RD. CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 65-0176644 Not Applicable Zip Country Zip 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 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 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 1 TITLE ☐ Change Addition ☐ Delete NAME YOUNG, EDWARD J. NAME 10178 WEST SAMPLE ROAD STREET ADDRESS STREET ADDRESS CORAL SPGS FL CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change YOUNG, ROBERT M. NAME NAME 10178 WEST SAMPLE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPGS FL CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP

12. 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 empawered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

GUGEESWARDS. YOUNG

with all other like empowered

CITY-ST-ZIP

SIGNATURE: