2000 UNIFORM BUSINESS REPORT (UBR) FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # **L29825** MICHAEL J. FERRIN, P.A. 05-05-2000 90054 004 ***150.00 Principal Place of Business Mailing Address % MICHAEL J. FERRIN % MICHAEL J. FERRIN 1400 CENTREPARK BLVD., SUITE 909 1400 CENTREPARK BLVD.. SUITE 909 WEST PALM BEACH FL 33401-7412 WEST PALM BEACH FL 33401-4490 3. Mailing Address 823 North Olive Quenue 2. Principal Place of Business 823 North Ohve avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Palm Applied For City & State 4. FEI Number 65-0155785 Seach wes t 10.5+ Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERRIN, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 1400 CENTREPARK BLVD. SUITE 909 WEST PALM BEACH FL 33401 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. (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Change ☐ Delete TITLE FERRIN. MICHAEL J. Greenbriar Blvd NAME NAME STREET ADDRESS 13625 LAMIRADA CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

561-683-4000

Daytime Phone #