2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Jan 26, 2000 8:00 am Secretary of State **DOCUMENT # L42097** 1. Entity Name **AUCTION SERVICES INTERNATIONAL/FLORIDA 100 REALT** 01-26-2000 90099 022 ***150.00 Mailing Address Principal Place of Business 17140 THUNDER RD 1150 S. US HIGHWAY ONE JUPITER FL 33478-5302 SUITE 102 101129 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0228637 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ON RICE, JON Street Address (P.O. Box Number is Not Acceptable) 1150 S US HWY ONE SUITE 102 THUNDER JUPITER FL 33477 lupiter the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity SIGNATURE of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees M (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 Addition PD TITLE ☐ Defete TITLE RICE, JON NAME NAME 1150 S US HWY ONE #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jupiter Fl ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME STREET AODRESS 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 ☐ 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 13. I hereby certify that the information supplied indicated on this report or supplemental report of the corporation or the eceiver or trustee changed, or on an attachment with an adjuster. This fling does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information 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 owered to execute the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 561-1746-1088

ITED NAME OF SIGNING OFFICER OR DIRECTOR