2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # L52492** May 24, 2000 8:00 am Secretary of State 1. Entity Name PALAIS DU PONT, INC. 05-24-2000 90192 038 ***158.75 Principal Place of Business Mailing Address 401 EAST OSCEOLA ST. 401 EAST OSCEOLA ST. STUART FL 34994-2576 STUART FL 34994-2576 2. Principal Place of Business 3. Mailing Address 61 W 05 CEO W OSCEDIA ST 6 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0174817 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 34 Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Fritschl rooge, howard l Street Address (P.O. Box Number is Not Acceptable) <u>61 W. Oslen (A</u> tsw ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entitle **SIGNATURE** 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 ☐ Addition Delete TITLE SALVATORI, E.A. NAME STREET ADDRESS 401 E. OSCEOLA ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL 📆 Change [Addition N Delete TITLE TITLE **NEW, ROBIN** NAMÉ NAME 401 E. OSCEOLA ST. STREET ADDRESS STREET ADDRESS 34994 CITY-ST-ZIP STUART FL CITY-ST-ZIP Change Addition TITLE Delete TITLE LONNOR, LORRAINE NAME NAME 401 E. OSCEOLA ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL ■ Addition ☐ Change TITLE TITLE Delete 5 MARMO, JOSEPH NAME NAME 401 E. OSCEOLA ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change ☐ Addition TITI F Delete TITLE FIELDING, ELLODIE NAME NAME **401 E OSCEOLA ST** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STUART FL ☐ Change ☐ Delete ☐ Addition TITLE TITLE 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. SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

CITY-ST-ZIP