CR2E083 (9/99)

APPROVED

2000 UNIFORM BUSINESS REPORT (UBR)

L99000002942 DOCUMENT # 1. Entity Name DO APR 30 AM 8: 35 LEONARD & LOWE, L.C. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 1680 SW BAYSHORE BLVD., SUITE 233 1680 SW BAYSHORE BLVD., SUITE 233 PORT ST. LUCIE FL 34984-3519 PORT ST. LUCIE FL 34984 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. WOW 4. FEI Number 65- 0978504 Applied For City & State City & State Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOWE, CURTIS L Street Address (P.O. Box Number is Not Acceptable) 1680 SW BAYSHORE BLVD., SUITE 233 PORT ST. LUCIE FL 34984 Zip Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9, Addition TITLE MGRM TITLE LEONARD: DOROTHY M NAME MAME 2459 GE HILLARD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C177-87-25P PORT-ST. LUCIE FL 34952 ☐ Addition TITLE - Detaile TITLE MGRM NAME MAME LOWE, CURTIS L STREET ADDRESS STREET ADDRESS **458 SE EYERLY AVENUE** CITY-8T-ZIP CITY- ST- ZIP PORT ST. LUCIE FL 34983 Addition (thange Deleta TITLE MASLE NAME STREET ADDRESS STREET ADDRESS CITY- 8T-ZIP CITY-ST-ZEP Addition Delete TITLE RAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CLTY-ST-ZIP Change Addition ☐ Delate TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF Addition Change Change Delete: TITLE TITLE RAME MAME

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-87-21P

SIGNATURE:

STREET ADDRESS

CITY-87-ZIF

CONFAITLINE RECURTISD LOWE.

4.28-00

561 344 5072