2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # **M44177** 1. Entity Name FRED BUNN ASSOCIATES, INC. 04-19-2001 90031 049 ***150.00 Principal Place of Business Mailing Address 10018 SPANISH ISLES BLVD 10018 SPANISH ISLES BLVD SUITE 22A SUITE 22-A **BOCA RATON FL 33498 BOCA RATON FL 33498** "好"。"好""我们" US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-2750488 Not Applicable Zip Country 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 **BUNN, FREDERICK STEWART** Street Address (P.O. Box Number is Not Acceptable) 10018 SPANISH ISLES BLVD SUITE 22-A **BOCA RATON FL 33498** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE Detete BUNN, FREDERICK STEWART NAME NAME STREET ADDRESS 22067 GRENWICH COURT STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP ☐ Addition ☐ Change TITLE D Defete TITLE NAME BUNN, FREDERICK H. NAME STREET ADDRESS 12970 ST ROAD #7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL TITLE Change ☐ Addition ☐ Delete TITI F BUNN, KATHLEEN H. NAME NAME STREET ADDRESS 22067 GRENWICH COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 repeiver 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 attack ent with an address, with all other like empowered.