2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

FILED Apr 04, 2000 8:00 am Secretary of State **DOCUMENT # M70011** 1. Entity Name DAVID A. KINTNER, INC. 04-04-2000 90053 008 ***150.00 Principal Place of Business Mailing Address DAVID A KINTER INC DAVID A KINTER INC 356 RIVER EDGE RD 356 RIVER EDGE RD JUPITER FL 33477-9344 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0040541 Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ETILUSON SELDIN, KEITH A. (P.O. Box Number is Not Acceptable) 140 INTRACOASTAL POINTE #401 1641014 JUPITER FL 33477 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 red when reinstating) (NOTE: Registered Agent signature requi 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 12. OFFICERS AND DIRECTORS 11. VS Addition TITLE ☐ Delete TITLE Change KINTNER, DAVID A. NAME STREET ADDRESS 356 RIVER EDGE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF JUPITER FL ☐ Change Addition Delete TITLE TITLE HICKS, KATHRYN G. NAME NAME STREET ADDRESS STREET ADDRESS 356 RIVER EDGE ROAD CITY-ST-ZIP CITY-ST-ZIP JUPITER FL ☐ Change Addition □ Delete TITLE MORGAN, SHANNON L NAME NAME STREET AODRESS STREET ADDRESS 6167 LAUDERDALE ST CITY-ST-ZIE CITY-ST-ZIP JUPITER FL 33458 ☐ Change ☐ Addition ☐ Delete TITLE TITLE MORGAN, CHRISTOPHER T NAME NAME 6167 LAUDERDALE ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 trusted empowered to execute this report as feedured by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trust changed, or on an attachment with an a te emp SIGNATURE:

CR2F034 /9/99

Daytime Phone #