2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OF

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone

FILED DOCUMENT # M73812 Mar 10, 2000 8:00 am **Secretary of State** PLUMBERSMITH & ASSOCIATES, INC. 03-10-2000 90007 010 ***150.00 Mailing Address Principal Place of Business 243 NW HOLLYWOOD BLVD. 243 NW HOLLYWOOD BLVD. FT. WALTON BEACH FL 32548-3858 FT. WALTON BEACH FL 32548-4725 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite Apt # etc Applied For City & State City & State 4. FEI Number 59-2898134 Not Applicable Zip -- --Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOHNSON, JULIAN D. Street Address (P.O. Box Number is Not Acceptable) 243 NW HOLLYWOOD BLVD. FT. WALTON BEACH FL 32548 Zip Code FL 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 app\$cable. 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE TITLE ☐ Delete JOHNSON, ELIZABETH M. NAME NAME STREET ADDRESS 243 NW HOLLYWOOD BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT WALTON BEACH FL ☐ Change ☐ Addition TITLE Delete TITLE JOHNSON, JULIAN D. NAME NAME STREET ADDRESS 243 NW HOLLYWOOD BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. WALTON BEACH FL ☐ Change ☐ Delete TITLE Addition TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE 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 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.