2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee empower changed, or on an attachment with an address, with

SIGNATURE:

FILED DOCUMENT # M84573 May 23, 2000 8:00 am Secretary of State GARCHER MANAGEMENT SERVICES, INC. 05-23-2000 90233 021 ***150.00 Principal Place of Business Mailing Address 2520 WHISPERING OAKS LANE 2520 WHISPERING OAKS LANE DELRAY BEACH FL 33445-7165 DELRAY BEACH FL 33445 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0060730 Not Applicable Zip Country Zip 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 Name QUARANTA, DONNA Street Address (P.O. Box Number is Not Acceptable) 2520 WHISPERING OAKS LANE **DELRAY BEACH FL 33445** Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE TITLE GARCHER, DENNIS F. NAME NAME 2520 WHISPERING OAKS LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP DELRAY BEACH FL ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Change ☐ Delete TITLE NAME 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-ZIE ☐ Change ☐ Delete TITLE Addition TITLE 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 empower this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if