2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # M95335 Mar 21, 2000 8:00 am 1. Entity Name **Secretary of State** HOWARD WINITSKY AND ASSOCIATES, INC. 03-21-2000 90045 046 ***150.00 Principal Place of Business Mailing Address 2255 GLADES ROAD 2255 GLADES ROAD SUITE 227W SUITE 227W **BOCA RATON FL 33431 BOCA RATON FL 33431-7391** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0699654 Not Applicable \$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 WINITSKY, HOWARD_ Street Address (P.O. Box Number is Not Acceptable) 2255 GLADES ROAD SUITE 227W **BOCA RATON FL 33431** 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 (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) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition D ☐ Delete TITLE TITLE 2385 Extrative Center Driver Boug Ratur, El. 23431 Suite 20 HOWARD, WINITSKY NAME NAME STREET ADDRESS 2255 GLADES ROAD, SUITE 227W STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** ☐ Addition ☐ Change Delete TITLE TITLE SIDER, DONALD C. NAME 150 E. BOCA RATON RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition ☐ 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-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if