2001 UNIFORM BUSINESS REPORT (UBR)

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FILED
Mar 07, 2001 8:00 am
Secretary of State

02-06-2001 90076 001 ****61.25
02-06-2001 90076 002 *****8.75

DOCUMENT # N00000003792

1. Entity Name

P.L.A.C.E., INC.

Principal Place of Business	Mailing Address
217 NE 3RD ST. POMPANO BCH FL 33060	217 NE 3RD ST. POMPANO BCH FL 33060

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0883592 — Applied For / Not Applicable

5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GASS, DANIEL G 10001 NW 50TH ST., SUITE 204 SUNRISE FL 33351	Name: D. Douglas Hill Street Address (P.O. Box Number is Not Acceptable): 201 N. Federal Hwy Suite 114 City: Deerfield Bch FL Zip Code: 33441

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 D. Douglas Hill, CPA. — Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) — DATE 1-30-01

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE President ☐ Delete (D) NAME Pamela L. Hardy STREET ADDRESS 1200 NE 4th Street CITY-ST-ZIP Pomp Bch FL 33060	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE (T) NAME Wendy Ruiz STREET ADDRESS 375 NW 69th Ave. CITY-ST-ZIP Margate FL 33063	TITLE ☐ Addition (T) NAME James D. Hardy STREET ADDRESS 1200 NE 4th Street CITY-ST-ZIP Pomp Bch FL 33060
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☒ Addition (D) NAME Treasurer Dane Sheldon STREET ADDRESS 2349 NE 9th Street CITY-ST-ZIP Pompano Beach FL 33062
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☒ Addition (D) NAME Secretary Jami Sheldon STREET ADDRESS 2349 N.E. 9th St CITY-ST-ZIP Pompano Beach FL 33062
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

CR2E037 (10/00)

12. 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with all other like empowered.

SIGNATURE: Pamela L. Hardy — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date 1-31-01 — Daytime Phone # (954)785-6996