2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachr

SIGNATURE:

nt with an address, with all other like empowered

Aug 08, 2002 8:00 am Secretary of State DOCUMENT # N0100002754 1. Entity Name 08-08-2002 90098 001 *****8.75 SURRENDER HOUSE, INC. 08-08-2002 90098 002 ****61.25 Mailing Address Principal Place of Business 98242 PO BOX 9689 1156 - W. 31 ST. RIVIERA BEACH FL 33419 RIVIERA BEACH FL 33419 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Zip ~~ ... Country Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) IRVING. JO ANN THOMAS 1156 - W. 31 ST. PO BOX 9689 Zip Code **RIVIERA BEACH FL 33419** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable Make Check Payable to 9. Election Campaign Financing \$5.00 May Be After September 13, 2002, **Department of State** Trust Fund Contribution. Added to Fees min. will be \$236.25. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. (4/02)Addition Change TITLE Delete Jo Ann Thomas Irving 1156-31 St. POBOL 9689 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Riviera Beach, CITY-ST-ZIP Addition Change □ Delete TITI F TITLE Charlie Mae Dixon NAME NAME Granada Cressant Apt. 9-STREET ADDRESS STREET ADDRESS White Plains, NY 10603-1229 CiTY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE vc/D TITLE Ronald Leonard 2501 Ave. H East Riviera Beach, FL 33404 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE TID ☐ Delete TITLE L'ekisha Harris NAME NAME 804-39 St. West Palm Beach, FL 3340 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change Delete Rosa L. Williams NAME NAME 512 Ontario Place STREET ADDRESS STREET ADDRESS west Palm Beach, FL 3340 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 t 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

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Thomas Irving

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