Amended

NOT-FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 15, 2004 8:00 an
Secretary of State
05-03-2004 90394 033 ****61.25

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DOCUMENT # N02000004799

1. Entity Name
PARTNERS FOR ISRAEL, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3580 PALL MALL DR	3580 PALL MALL DR
Suite, Apt. #, etc. # 503	Suite, Apt. #, etc. # 503
City & State JACKSONVILLE FL	City & State JACKSONVILLE FL
Zip 32257 Country US	Zip 32257 Country US

4. FEI Number 30-0091164 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name REAMS, REBECCA

Street Address (P.O. Box Number is Not Acceptable) 3580 PALL MALL DR # 503

City JACKSONVILLE FL Zip Code 32257

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 applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00 61.25
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	P D
NAME	THALER, MICHAEL
STREET ADDRESS	3580 PALL MALL DR
CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	T D
NAME	REAMS, REBECCA
STREET ADDRESS	3580 PALL MALL DR
CITY-ST-ZIP	JACKSONVILLE FL 32257
TITLE	S D
NAME	SHIELDS, SANDY
STREET ADDRESS	3580 PALL MALL DR
CITY-ST-ZIP	JACKSONVILLE FL 32257
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NAME	
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: REBECCA REAMS MICHAEL THALER Michael Thaler 4/30/04 (904) 262-0746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #