2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # N95000002588 May 17, 2000 8:00 am 1. Entity Name Secretary of State PALM BEACH BUSINESS ASSOCIATES, INC. 05-17-2000 90988 016 ****61.25 Mailing Address Principal Place of Business C/O ADAM S. GUMSON. ESQ C/O ADAM S. GUMSON, ESQ. 6390 INDIANTOWN ROAD, SUITE 30 6390 INDIANTOWN ROAD, SUITE 30 JUPITER FL 33458-4657 JUPITER FL 33458 3. Méiling Address 2. Principal Place of Business SHEEHAN I MOTH! ∕₀ DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Ap US 4. FEI Number Applied For City & State 65-0591329 EACH Not Applicable Country USA \$8.75 Additional Country 33408 5. Certificate of Status Desired 33408 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHEEHAN TIMOTHS Street Address (P.O. Box Number is Not Acceptable) GUMSON, ADAM S ESQ. ز ں HUY JUPITER LAW CENTER, CHASEWOOD PLAZA 30/ 6390 INDIANTOWN ROAD, SUITE 30 NORTH PAUM BEACH JUPITER FL 33458 3408 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 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. D ☐ Addition TITI F PD ☐ Delete TITLE GAY JOHANSEN, NAME NAME JOHANSEN, GAY 14257 US HUY 1 STREET ADDRESS 1201 US HIGHWAY ONE, STE 210 STREET ADDRESS JUNO BEACH, FL 33408 CITY-ST-ZIP CITY-ST-ZIP N PALM BCH FL 33408 ☐ Addition Change ☐ Delete TITLE TITLE **VPD** TIMOTHY SHEEHAN NAME SHEEHAN, TIMOTHY 7/2 US HUY 1 # 30/ STREET ADDRESS STREET ADDRESS -701=NORTHPOINT-PKWY,-STE:300 NORTH PAIN BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 Change Addition TITLE TD ... Delete TITLE RICK TURNER, NAME TURNER, RICK 14263 US AWY / STREET ADDRESS STREET ADDRESS 505 S FLAGLER DR 33/08 JUND BEACH CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33401 C.P.D Delete TITLE Change **Addition** TITLE SD HILL, NAME NAME WILLIAMS, ALEX NORTHLAKE BLUD STREET ADDRESS STREET ADDRESS 444 38TH ST NORTH PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP W PALM BCH FL 33407 TITLE ☐ Change ▼ Addition ☐ Delete TITLE PINDER, NAME NAME #41 US HWY STREET ADDRESS STREET ADDRESS 33408 CITY-ST-ZIP NORTH PAUM BEACH CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE 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 I am an officer or director of the corporation or the receiver or rustee 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 an address, with all other like empowered. changed, or on an attachment with

NAME OF SIGNING OFFICER OR DIRECTOR

/२७/00

Date

(561) 626-1901

Daytime Phone #