2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9900006324 May 26, 2000 8:00 am Secretary of State THE PACT CENTER, INC. 05-26-2000 90089 025 ****61.25 Principal Place of Business Mailing Address POST OFFICE BOX 17915 5445 WALLIS ROAD WEST PALM BEACH FL 33415 WEST PALM BEACH FL 33416-7915 3. Mailing Address 2. Principal Place of Business 37100 N Hwg. 441 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0960041 Okcechabee Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 34972 US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) WITHEROW, MARGARET L 3152 ROSTAN LANE LAKE WORTH FL 33461 Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: 9. Election Campaign Financing Make Check Payable to \$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 10. 11. ☐ Addition ☐ Delete TITLE Change TITLE Devancy, Bill 2502 Mangea Tex. NAME NAME 3152 Katton STREET ADDRESS STREET ADDRESS Palm Bch. Golns. CITY-ST-ZIP CITY-ST-ZIP Late Worth ☐ Change ■ Addition ☐ Delete TITLE TITLE Withern Margaret L 3152 Roston Ly NAME NAME STREET ADDRESS STREET ADDRESS K. Worth City-St-7/P CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE Johnson NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP i: Worth CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE Carlton BOX 1023 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Fr 33416 CITY-ST-ZIP July Who ■ Addition TITLE Delete JOW NAME NAME ELUT Hall Blyd. STREET ADDRESS STREET ADDRESS Loxahatchee FL 33409 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 an admess, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

- 14/00 (SGI) 434-