2001 UNIFORM BUSINESS REPORT (UBR)

th an address, with all other like empowered.

SENATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED Jan 30, 2001 8:00 am Secretary of State DOCUMENT # P0000006152 PBR ENTERPRISES, INC. 01-30-2001 90067 024 ***158.75 Principal Place of Business Mailing Address 146 ORCHARD CAY DRIVE 146 ORCHARD CAY DRIVE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Mailing Address 146 ORChin Cou Principal Place of Business PRIVE 6 ORChio Cay Daive DO NOT WRITE IN THIS SPACE Im Beach GARDAIS FI. Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GARY E. HUBSCHMAN CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 146 DRChin Cay DRIVE this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. VICE PRESIDENT Change Addition ☐ Delete TITLE HUBSCHMAN, GARY E NAME HUBSCHMAN, SUZANNE NAME 46 Dachin Cay Drive 146 ORCHARD CAY DRIVE STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIF ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

GARY E. HUSSCHMAN