2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2001 8:00 am Secretary of State DOCUMENT # P0000032176 TIME & AGAIN CONSIGNMENT, INC. 01-18-2001 90022 027 ***150 00 Principal Place of Business Mailing Address 15445-F MILITARY TRAIL 15445-F MILITARY TRAIL 0 0 4 0 7 4 DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 14545 S. MILITARY 14545 S.MILI TARY TEAIL 4. FEI Number 65-1003642 Applied For City & State City & State DELRAY BEACH DELRAY BEACH Not Applicable Country 33 4 84 Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent FILINGS, INC. Street Address (P.O. Box Number is Not Acceptable) 3732 N.W. 16TH STREET FT. LAUDERDALE FL 33311-4132 Zip Code FL 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) □ Delete TITLE Change Addition NAME BRAZIER, WAYNE NAME 14545 SMILITARY TRAIL STREET ADDRESS STREET ADDRESS 15445-F MILITARY TRAIL CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL 33484 DELRAY BEACH FL 33484 Change Addition TITLE □ Delete TITLE NAME HIRSCH, JEFFREY B NAME 14545 S. MILITARY TRAIL STREET ADDRESS STREET ADDRESS 15445-F MILITARY TRAIL CITY-ST-ZIP 33484 CITY-ST-ZIP **DELRAY BEACH FL 33484** DELRAY BEACH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Chance ☐ Addition 179.00 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-7IP 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 or 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 changed, or on an attachment with an address, with all other like empowered.

W. BRAZIER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR