2001 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2001 8:00 am DOCUMENT # P00000033136 **Secretary of State** 02-13-2001 90575 009 ***150.00 CHARLES L. LARKIN, JR., INC. Principal Place of Business Mailing Address 241 BRADLEY PLACE 241 BRADLEY PLACE PALM BEACH FL 33480 PALM BEACH FL 33480 3. Malling Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0995916 Not Applicable Zip Country Country \$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 Name CHAUNCEY, HARRISON K JR. Street Address (P.O. Box Number is Not Acceptable) 241 BRADLEY PLACE PALM BEACH FL 33480 Zip Code 8. The above named entity submits this atatement 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 it applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE Delete TITLE LARKIN, CHARLES L JR. NAME NAME STREET ADDRESS 241 BRADLEY PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 Delete TITLE [] Change Addition TITLE Harrison K. Chauncey, Jr. NAME NAME 241 Bradley Place STREET ADDRESS STREET ADDRESS Palm Beach, FL 33480 CITY-ST-ZIP CITY-ST-ZIP TITLE, Delete . TITLE Addition NAME NAME Marian R. Larkin 241 Bradley Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Palm Beach, FL 33480 Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS CTREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete mue `[Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change -Addition NAME NAME----STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 repert or supplemental report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am an officer or director of the corporation of the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name applicars in Block 11 or Block 12 if

Harrison K. Chauncey, Jr. 2/5/01 561-833-3001

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