(9/01)

CR2E034

2002 Uniform Business Report (UBR)

Apr 04, 2002 8:00 am Secretary of State P00000033136 DOCUMENT # 1. Entity Name 04-04-2002 90002 042 ***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 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0995916 Not Applicable Zip Country Zip 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 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition LARKIN, CHARLES L JR. NAME NAME 241 BRADLEY PLACE STREET ADDRESS STREET ADDRESS PALM BEACH FL 33480 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CHAUNCEY, HARRISON K JR NAME STREET ADDRESS 241 BRADLEY PLACE STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE V- ----☐ Delete TITLE . -☐ Change ☐ Addition NAME Larkin. Marian R NAME STREET ADDRESS 241 BRADLEY PLACE STREET ADDRESS CITY-ST-7IP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 TITLE ☐ Delete TITLE Change Addition 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 leport 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 exprowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

Harrison K. Chauncey, Jr. 3/21/02 (561) 833-3001 SIGNATURE PED OR I INTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

changed, or on a