2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 18, 2001 8:00 am Secretary of State DOCUMENT # P00000042678 SCOTT-TEMPLETON GROUP, INC. 04-18-2001 90053 004 ***150 00 Principal Place of Business Mailing Address 1314 EAST LAS OLAS BLVD. #1127 1314 EAST LAS OLAS BLVD. #1127 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 UUU38848 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 45-1002681 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Douglas-**CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET Southgate Blud TALLAHASSEE FL 32301-2525 3<u>306</u>8 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AD DIRECTORS 11. ☐ Addition TITLE ☐ Delete NAME DOUGLAS, BRANDON J ESQ. NAME STREET ADDRESS STREET ADDRESS 301 SOUTHEAST 10TH COURT CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 Change Addition ☐ Defete TITLE NAME SUSAN WINKLER NAME Sasan WINKLER 10341 S.W. 18 Sr. 10341 5.W. 18 STREET STREET ADDRESS STREET ADDRESS MIRAMAL, FL 33025 CITY-ST-ZIP CITY-ST-ZIP 33025 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete 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 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 actrees, with all other like empowered.