## FILED **2001 UNIFORM BUSINESS REPORT (UBR)** May 16, 2001 8:00 am Secretary of State **DOCUMENT # P0000056804** 1. Entity Name 05-16-2001 90189 013 \*\*\*150.00 JUST HANGIN' AROUND, INC. Principal Place of Business Mailing Address 4201 WESTGATE AVE. UNIT A 10 4201 WESTGATE AVE. UNIT A 10 656438 W PALM BEACH FL 33409 W PALM BEACH FL 33409 2. Principal Place of Business 3. Mailing Address 4056 Forest Hill Blvd. 4056 Forest Hull blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For (05-10116-1 Not Applicable \$8.75 Additional 5. Certificate of Status Desired -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent <del>Herard</del> THINADEAU, PAUL Street Address (P.O. Box Number is Not Acceptable) **STE 200, 50 S US HWY ONE** JUPITER FL 33477 2014 Starwood Ct. 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 egistered Agent signature required when reinstating) 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) PRESIDENT Change TITLE ☐ Addition TITLE ☐ Delete NAME BUTLER, TRACY A MAME TRACY A. BUTLER STREET ADDRESS 1690 B FOREST LAKES CIR STREET ADDRESS 2674 STARWOOD CT. CITY-ST-ZIP CITY-ST-ZIP WEST PAUM BEACH FL. 33406 W PALM BEACH FL 33406 SECRETARY ☐ Delete TITLE ☐ Change Addition TITLE BUTLER, LISA M NAME NAME STREET ADDRESS 2925 LOLISA LN. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZtP MAITLAND: FL: 32751 ☐ Change Addition TITLE Delete TITLE ANTHONY, NICOLE T NAME NAME STREET ADDRESS 917 BRIARWOOD LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE W PALM BEACH FL 33415 ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR LIRECTOR

April 17201 (54) 471-4998