2001 UNIFORM BUSINESS REPORT (UBR)

Jun 20, 2001 8:00 am DOCUMENT # P0000067725 **Secretary of State** 05-11-2001 90292 042 ***150.00 MAID IN PALM BEACH, INC. Principal Place of Business Mailing Address 5201 VILLAGE BOULEVARD 5201 VILLAGE BOULEVARD WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 8062 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - NEEDLE -CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 8. The above named entity submits in a the purpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE: Registered Agent signature required when reins 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 PRESIDENT / DIRBETOR DALE J. SCHACHT CR2E034 (10/00) Delete TITLE TITLE NAME NAME NEEDLE, DAVID 9294 HEATHRIOGE DL. STREET ADDRESS 5201 VILLAGE BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP West PALM BEACH, 71 33411 WEST PALM BEACH FL 33407 Secy-TREASURE, DIRECTOR ROBERT NEEDLE TITLE ☐ Delete NAME NAME 5201 VILLAGE BIJE STREET ADORESS STREET ADDRESS CITY-ST-ZIP PALM BRACK CITY-ST-ZIP TITLE THE Change --- Addition Dereta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Detete TITLE ☐ Chance ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied indicated on this report or supplementar be of the corporation or the receiver of studies changed, or on an attachment with an additional control of the corporation of the receiver of studies of the corporation of the corporation and the corporation and the corporation of the corporat with its filing the first of quality for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information of intrue and that my signature shall have the same legal effect as if made under oath; that I am an officer or director provided by Execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if SIGNATURE:

5/11

FILED

Daytime Phone #