FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P0000067776 PATRONUS CAPITAL MANAGEMENT, INC. 04-26-2001 90079 022 ***150.00 Principal Place of Business Mailing Address 8517 NORTHWEST 61ST STREET 8517 NORTHWEST 61ST STREET TAMARAC FL 33321 TAMARAC FL 33321 UUU3/440 2. Principal Place of Business 3. Mailing Address 900 6555 lawer line Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. Applied For City & State City & State -1025216 +. Lauclephale Not Applicable Country \$8.75 Additional 3309 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE CORAL GABLES FL 33134 Zip Code City 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition CR2E034 (10/00) PD TITLE TITLE ☐ Delete Pittman, Thurgoed PITTMAN, THURGOOD NAME NAME Apt. A4 5200 NW 31 AVE 8517 NORTHWEST 61ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 Ft. Landedale Fl SVD ☐ Change Addition TITLE ☐ Delete TITLE BROWN, SCOTT N NAME NAME 8517 NORTHWEST 61ST STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 Delete ☐ Change Addition NAME: NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE 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 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 empower