FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 12, 2002 8:00 am DOCUMENT # P00000069563 **Secretary of State** 1. Entity Name 03-12-2002 90025 015 ***150.00 MEYER BROTHERS OF THE TREASURE COAST, INC. Principal Place of Business Mailing Address 354 GARDEN BLVD. 354 GARDEN BLVD. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-1028440 Not Applicable Zip Country 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 MEYER, REGINALD Street Address (P.O. Box Number is Not Acceptable) 416 SMILEY CT. WINTER HAVEN FL 33884 Zip Code FL 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, 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 \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME MEYER, REGINALD NAME STREET ADDRESS 416 SMILEY CT. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL 33884 CITY-ST-ZIP Delete ☐ Change ☐ Addition ST TITLE TITLE MEYER, MARK NAME **NAME** STREET ADDRESS STREET ADDRESS 354 GARDEN BLVD. CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change MYERS. WINFRED NAME NAME STREET ADDRESS STREET ADDRESS 3726 CYPRESS STREET CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 ☐ Addition ☐ Delete TITLE TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

Mark Meyer MARK MEYER SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR