2000 UNIFORM BUSIP'SS REPORT (UBR) **FILED** Aug 14, 20018:00 am DOCUMENT # 00000072230 . Entity Name Secretary of State DISART, INC. 08-14-2001 90012 015 ***150.00 **Mailing Address** rincipal Place of Business SOA BRUSTOL DRIVE 2501 BRISTOL DRIVE **MITE 8-12** SUITE B-12 W. PALM BEACH FL 33409 W. PALM BEACH FL 33409 00061276 L 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 65-1042000 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Recuired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name COOK, JAMES W SR. Street Address (P.O. Box Number is Not Acceptable) 2501 BRISTOL DRIVE --SUITE B-12 W. PALM BEACH FL 33409 City Zip Code 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 roinstating) DATE PRESIDENTI FEETS SPRINGS 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. Make Check Psychie is Department of Trust Fund Contribution. Added to Fees (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 MILE Delete TITLE Change ☐ Addition COOK, JAMES W SR. MALLE NAME 2501 BRISTOL DRIVE, SUITE 8-12 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W. PALM BEACH FL 33409 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP me ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS SITY-ST-ZIE CITY-ST-ZIP ITTLE Delete THLE Change Addition VAME STREET ADDRESS STREET ADDRESS CITY-ST-709 CITY-SI-ZIP MILE ☐ Delete ☐ Change Addition WME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition VAME HAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP 13. If 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 amounted.

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SIGNATURE: