2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 11, 2001 8:00 am Secretary of State **DOCUMENT # P0000076768** 1. Entity Name HERB PHILLIPS & ASSOCIATES, INC. 05-11-2001 90094 016 ***150.00 Mailing Address Principal Place of Business 1535 SE 17TH ST. STE 117-8 1535 SE 17TH ST. STE 117-B FT LAUDERDALE FL 33316 FT LAUDERDALE FL 33316 2. Principal Place of Business 3. Mailing Address 2955 W. STATU ROAD 484 2955 W. STATE ROAD DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State -1063567 FL FL Not Applicable LAWD LAUD Ft. Zip 33 Country \$8.75 Additional Country Zip 5. Certificate of Status Desired 312 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E PARK AVE TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 12. OFFICERS AND DIRECTORS 11. ☐ Addition **PVST** TITI F □ Delete TITLE PHILIPS, HERB NAME NAME 2955 W. STATE ROAD #84 STREET ADDRESS STREET ADDRESS 1535 SE 17TH ST. STE 117-B CITY-ST-7IP CITY-ST-ZIP FT LAUDERDALE FL 33316 Change ☐ Addition Delete TIT! F TITI F PHILIPS. HERB NAME NAME 1955 W. STATE ROAD *84 STREET ADDRESS 1535 SE 17TH ST, STE 117-B STREET ADDRESS PT- LAND, FL. 33312 CITY-ST-ZIP CITY-ST-ZIP FT-LAUDERDALE FL 33316 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition

I hereby certify that the information supplied with this filling 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

☐ Change