2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2001 8:00 am Secretary of State DOCUMENT # P00000094614 FELBERBAUM GARDNER & ASSOCIATES, P.A. 02-06-2001 90266 045 ***150.00 Principal Place of Business Mailing Address 1200 NORTH FEDERAL HIGHWAY 1200 NORTH FEDERAL HIGHWAY SUITE 301 SUITE 301 **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address 399 Satt EDERAL HWY 399 SOUTH FEDERAL Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State PATON 4. FEJ Number Applied For 05-104 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent *Gardner: William J-- -- 🌣 🚟 Street Address (P.O. Box Number is Not Acceptable) 1200 NORTH FEDERAL HIGHWAY **SUITE 301 BOCA RATON FL 33432** 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) 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE □ Delete TITLE Change Ch ☐ Addition NAME Gardner, William J NAME SOUTH FEDERAL HIGHWAY OCA RATON FL 38432 STREET ADDRESS 1200 NORTH FEDERAL HIGHWAY SUITE 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33432 TITLE ☐ Delete TITLE NAME FELBERBAUM, RICK S NAME STREET ADDRESS 1200 NORTH FEDERAL HIGHWAY SUITE 301 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZÍP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITI F ☐ Change ☐ Addition 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/anyaddress, with all the empowered.

SIGNATURE: ___

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

26/200 561-391-6600 Pate Daytime Phone #