2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # P00000113004 1. Entity Name CAROL COBOURN ASBURY, P.A. 03-01-2001 91316 028 ***150.00 Principal Place of Business Mailing Address 1801 SOUTH FEDERAL HWY STE 245B 1801 SOUTH FEDERAL HWY STE 245B DELREAY BEACH FL 33483 **DELREAY BEACH FL 33483** 1 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ASBURY, CAROL C Street Address (P.O. Box Number is Not Acceptable) 1801 SOUTH FEDERAL HWY STE 245B **DELREAY BEACH FL 33483** City Zip Code FI 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 re-instating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. CR2E034 (10/00) TITLE ☐ Delete Change Addition NAME ASBURY, CAROL C NAME STREET ADDRESS STREET ADDRESS 1801 SOUTH FEDERAL HWY STE 245B CITY-ST-ZIP CITY-ST-ZIP **DELREAY BEACH FL 33483** Change TITE F ☐ Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition 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 Change Addition TITLE 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 suppliering that report is fire 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 employered 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 expowered.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR