DOCUMENT # POD QDI / 6228 1. Entry Name SHOULD ARK ARM DATE DOCUMENT FILED 91 OCT 26 PH 4: 10 SECRETARY OF STATE LAKE WORTH PI. 33460 2. Principal Place of Business Suite. Ans. A citic. Suite. Ans. A citic. Ans. A citic. Suite. Ans. A citic. Ans. A citic. Suite. Ans. A citic. Ans. A citic. An	. 2001	1 UNIFORM BUSII	NESS REPO	RT (UBI	R)			
Principal Place of Business 3 2 4 DARTMOUTH DR. LAKE WORTH, FI. 33460 2. Principal Place of Business 3. 4 G DARTMOUTH DR. LAKE WORTH, FI. 33460 2. Principal Place of Business Suite, April F. doi: Suite, April F. do	DOCU	MENT # P00 0001/0						
Principal Place of Business 3 2 4 DARTIMORPH DR. LARKE WORTH, Fl. 33460 2. Principal Place of Business 3. Malling Agliness Suite, April 4, 100 SECRETARY OF STATE ALLAHASSEE, FL.CRIBE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE DO NOT WRITE IN THIS SPACE Corphy Do Not write in This SPACE Place of Business DO NOT WRITE IN THIS SPACE A FEI Jurings DO NOT WRITE IN THIS SPACE Secretary of State of States of Sta						FILED		
LAKE WORTH FI. 334/60 2. Pinnopal Panes of Business 3. Marrier Agence - State - Stat	Principal Place of Business · Mailing Address					01 107 20		
LAKE WORTH FI. 33460 Subject to the property of five property of the property of th		326 Dartm	notH Dr	>	,	SECRETAIN 4: 10		
Suite, April 4, etc. Suite, April 5, continues and April 5, etc. Suite, April 4, etc.			E/ 234/	1.7		TALLAHASSEE STATE		
Suite, Apt. 4, etc. Suite, Ap	L					onoott, f	LORID _I S	
City & State Ci	2. Principal Place of Business 3. Mailing Address 3.26 DNP+1				De	V - 1		
The above names only submits this statement for the purpose of changing its registence of fice or registence agent, or both, in the State of Foreids. Signatures 6. Name and Address of Gurrent Registered Agent Name Street Address (Fo. Box Number is Not Acceptable) City FL Zo Code City City FL Zo Code City FL Zo Code City City FL Zo Code City City City FL Zo Code City Ci	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE		PACE	
6. Name and Address of Current Registered Agent 7. Name and Address (P.O. Box Number is Not. Acceptable) Steel Address (P.O. Box Number is Not. Acceptable) Steel Address (P.O. Box Number is Not. Acceptable) Steel Address (P.O. Box Number is Not. Acceptable) 8. The above named entry submits this statement for the purpose of changing its registered officer or registered agent, or both, in the State of Ficrida. SIGNATURE Signam, type of prised rame elegaters guiter and the Registeria. If Inc. However, the North Control Path Con	City & State		City & State World, F1.		1, 4.	FEI Number 65 10 66 094	 	
Street Address (P.O. Box Number is Not Acceptable)	zi333.	460 Country	Zip	Country	5.			
Stree! Address (P.O. Box Number is Not Acceptable) City FL Ze Code		6. Name and Address of Current Re	gistered Agent	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	7.	Name and Address of New Registered A	gent	
8. The above named entity submits this statement for the purpose of changing its registered affice air registered agent, or both, in the State of Florida. SIGNATURE Signaun, hydror enteror one of registered affice air registered agent, or both, in the State of Florida. SIGNATURE Signaun, hydror enteror one of registered agent and that it spirocatin. FILE NOWILI FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State 10. Election Campaign Financing S.5.00 May Be Added to Fees (Stochaster on back) Signaturement and elects to dis so. (Sec orders on back) Signaturement and elects to dis so. (Sec orders on back) TILE OFFICERS AND DIRECTORS. IN 1. TILE MAKE TILE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS. IN 1. TILE WARE SIRET ADDRESS OTTY-51-2P TILE WARE SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. Change Indiation. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRECTORS. IN 1. SIRET ADDRESS OTTY-51-2P TILE OFFICERS AND DIRE		<u> </u>						
8. The above named omity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax Mingrequirment and elects to do so	,			Street A	Street Address (P.O. Box Number is Not Acceptable)			
8. The above named omity submits this statement for the purpose of changing its registered agent, or both, in the State of Forda. SIGNATURE 9. This corporation is eligible to satisfy its Intangible Tax Mingrequirment and elects to do so					. <u> </u>			
SIGNATURE 9. This corporation is eligible to satisfy its intengible Tax liting requirement and election to do to the flagstand approximate instance of the flagstand approximate instan	.2				City FL Zip Code			
SIGNATURE Signature. Injusted or printing ratine of regissered Aport agreedure required entities required entities. State Fund Contribulion. 11.	8. The above	e named entity submits this statement for the	ne purpose of changing its	registered office or	registered a	gent, or both, in the State of Florida.		
9. This corporation is eligible to easily its Intrangible 19. This corporation is eligible to easily its Intrangible 17. This corporation is eligible to easily its Intrangible 17. This property is the property of the prope			•					
Tax filing requirement and elects to do so (See criteria or back) Make Check Payable to Department of State Secretarian Added to Pees Ad		Signature, typed or printed name of registered agent and	title if applicable. (NOTI	E: Registered Agent signatu	ure required when	reinstating) DATE		
Make Check Payable to Department of State ITUS FOR THE CONTROL OFFICERS AND DIRECTORS IN 11 ITUS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ITUS						• • • •		
TITLE Change Addition STREET ADDRESS CITY-ST-ZIP	(See criter	ria on back)	Make Check Payat	le to Departmen	t of State			
STREET ADDRESS CITY-ST-ZP TITLE LAFKE WORTH, FL 3346Poiled. TITLE LAFKE WORTH, FL 3346Poiled. STREET ADDRESS CITY-ST-ZP THE LAFKE WORTH, FL 3346Poiled. STREET ADDRESS CITY-ST-ZP THE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE Delete TITLE DELET ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP ADDRESS CITY-ST-ZP ADDRESS CITY					<u>_</u>	DDITIONS/CHANGES TO OFFICERS AND		
TITLE LAKE WORTH, H. 33440 bede TITLE NAME STREET ADDRESS OTY-ST-ZIP Delete TITLE SCAPETARY HORRISS OTY-ST-ZIP Delete TITLE DELETE	NAME	YOCK IDEAN		NAME	}		1	
STREET ADDRESS CITY-ST-ZIP Delete		326 DARMOUTH	1 DR			·	F034	
STREET ADDRESS CITY-ST-ZIP Delete		LAKE WORTH, FI	33460 Delete		Vic	E PRESIDENT	Change Daddition	
TITLE Delete TITLE SECRETARY TREPS CHANGE INDIRECTOR STREET ADDRESS CITY-ST-ZIP Delete TITLE Delete Delete Delete Delete TITLE Delete TITLE Delete D	l			'		IANE HARBIS	5M	
NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRES	CITY-ST-ZIP			CITY-ST-ZIP	15	45 S. Country Club p	e Atlantis, Fl	
CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP Change Addition NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS STREET ADD			Delete		Seci	retary/TREAS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP Delete TITLE NAME 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 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. SIGNATURE: SIGNATURE: STREET ADDRESS CITY-ST-ZIP TITLE Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE ADDRESS CITY-ST-ZIP		-			22	03 N. FED. JWY.	EX. W	
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP STREET ADD					Th	KE WORTH, H. 334.	☐ Change ☐ Addition	
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Change Addition NAME STREET ADDRESS CITY-ST-ZIP TITLE Change Change Chang]	·		
NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS C				1				
STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TEXAS OCT 2 6 2001 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. SIGNATURE: SIGNATURE: STREET ADDRESS CITY-ST-ZIP ***********************************			☐ Delete			200004656	Change Addition	
TITLE NAME 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 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. SIGNATURE:	i			1		-10/29/0101	013019	
NAME 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 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. SIGNATURE: NAME STREET ADDRESS CITY-ST-ZIP T LEWIS OCT 2 6 2001						*****B1.25		
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. SIGNATURE: SIGNATURE: SIGNATURE: 10.554.547.3540	Į.		☐ Delete		,		Unange L Addition	
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. SIGNATURE: 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.							2001	
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 in changed, or on an attachment with an address, with all other like empowered. SIGNATURE: \(\frac{1}{3} \) \(\frac{1}{3} \		certify that the information supplied with th	is filing does not qualify for		ted in Section			
SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Destrict Phone #	l of the cor	rporation or the receiver or trustee empowe	ered to execute this report	ny signature shall h as required by Cha	ave the same opter 607, Flo	e legal effect as if made under oath; that I ar rida Statutes; and that my name appears in	n an officer or director Block 11 or Block 12 if	
	SIGNAT	TURE: SIGNATURE AND TYPED OF PRIN	SERBIS A	OR DIRECTOR		<u> </u>	-5.47.3540_	