FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 24, 2002 8:00 am P01000067557 DOCUMENT # Secretary of State 1. Entity Name 02-24-2002 90079 042 ***150.00 WILL PAY INCORPORATED Principal Place of Business Mailing Address 3020 N FEDERAL HWY STE 11 B 3020 N FEDERAL HWY STE 11 B FT LAUDERDALE FL 33306 FT LAUDERDALE FL 33306 2. Principal Place of Business 3. Mailing Address ねろ এত DO NOT WRITE IN THIS SPACE Applied For City & State Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired u)S A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MASSIAS, WILLIAM Box Number is Not Acceptable) 3020 N FEDERAL HWY STE 11 B FT LAUDERDALE FL 33306 ts this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity sub AU Management and title if applicable. 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/01) Change ☐ Delete TITLE TITLE MASSIAS, WILLIAM NAME NAME 3020 N FEDERAL HWY STE 11 B STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33306 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Delete 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE · □ Delete 🌯

13. 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 tribe 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 empty where 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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP