2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P33369 May 04, 2000 8:00 am Secretary of State CHARTWELL CAPITAL, LTD., INC. 05-04-2000 90023 045 ***150.00 Principal Place of Business Mailing Address P.O. BOX 2247 P.O. BOX 2247 FT. LAUDERDALE FL 33303-2247 FT. LAUDERDALE FL 33303-2247 3. Mailing Address 2. Principal Place of Business 20 Isla DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number 65-0248093 ort handerdal Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required roward 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THAYER, CHARLES J. Street Address (P.O. Box Number is Not Acceptable) 420 ISLE OF CAPRI FT. LAUDERDALE FL 33301 Zip Code FL 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 . DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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 OFFICERS AND DIRECTORS 12. 11, **PSD** ☐ Change ☐ Addition ☐ Delete TITLE TITLE THAYER, CHARLES J. NAME NAME STREET ADDRESS 420 ISLE OF CAPRI STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Change ☐ Delete Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing do that the information supplied with this filing do that the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information decorate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director levecute this reports as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if indicated on this report or supplemental reports is true and of the corporation or the receiver or trustee empowered changed, or on an attachment with an actiress, with a officers.

April 22, 2000