2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all oth

SIGNATURE AND TYPED OF RINTED NAME OF SIGNING OFFICER OR DIRE

SIGNATURE:

FILED Mar 22, 2001 8:00 am Secretary of State DOCUMENT # P92000002370 MYLBROOK USA INCORPORATED 03-22-2001 90047 032 ***150.00 Principal Place of Business Mailing Address 11320 FORTUNE CIR 1782 CLYDESDALE AVENUE WELLINGTON FL 33414 WELLINGTON FL 33414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State -4. FEI Number 65-0367658 sen Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BAKER, STEPHEN W Street Address (P.O. Box Number is Not Acceptable) 1782 CLYDESDALE AVE WELLINGTON FL 33414 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE Delete TITLE BAKER, STEPHEN W NAME NAME STREET ADDRESS 1782 CLYDESDALE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL TITLE PD ☐ Delete ☐ Change ☐ Addition BAKER, ANGELA J NAME NAME STREET ADDRESS 1782 CLYDESDALE AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL** ☐ Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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