2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P92000011387** Mar 02, 2000 8:00 am 1. Entity Name SOBECK INVESTIGATIONS UNLIMITED, INC. **Secretary of State** 03-02-2000 90102 043 ***150.00 Mailing Address Principal Place of Business PO BOX 31882 513 U.S. HIGHWAY 1 PALM BEACH GARDENS FL 33420-1882 STE. 110 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0384921 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BUSO, JOHN N ESQ Street Address (P.O. Box Number is Not Acceptable) 1645 PALM BEACH LAKES BLVD SUITE 500 WEST PALM BEACH FL 33401 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees \Box Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Dele:e TITLE Change ☐ Addition TITLE SOBECK, FREDERICK J NAME NAME STREET ADDRESS STREET ADDRESS 513 US HWY 1, SUITE 110 CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP ☐ Addition Deleie Change TITLE TITLE SOBECK, JULIE A NAME NAME STREET ADDRESS 513 US WAY 1., STE, 110 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete: TITLE Change TITLE 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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/00 56-840-8407 Dayling Phone # CR2E034 (9/99)