## 2001 UNIFORM BUSINESS REPORT (UBR)

## Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P92000011387 SOBECK INVESTIGATIONS UNLIMITED, INC. 04-12-2001 90168 033 \*\*\*150.00 Principal Place of Business Mailing Address 513 U.S. HIGHWAY 1 PO BOX 31882 STE. 110 PALM BEACH GARDENS FL 33420 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0384921 Not Applicable Zip Country 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 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 City Zip Code 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. (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Defete TITLE Change TITLE NAME NAME SOBECK, FREDERICK J STREET ADDRESS STREET ADDRESS 513 US HWY 1, SUITE 110 CITY-ST-ZIP CITY-ST-7IP NORTH PALM BEACH FL 33408 TITLE ☐ Delete TITLE Change ☐ Addition STD NAME SOBECK, JULIE A NAME STREET ADDRESS STREET ADDRESS 513 US WAY 1., STE. 110 CITY-ST-7IP CITY-ST-ZIP NORTH PALM BEACH FL 33408 ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GITY-ST-2IP TITLE ☐ Delete TITLE ☐ Change Addition 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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Judiel Haville Frederick J. Soberk 4/9/01 56/840840/
SIGNATURE Date Destrict OF Director