2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P9300003743 Apr 21, 2000 8:00 am Secretary of State 1. Entity Name BURDETTE & ASSOCIATES, INC. 04-21-2000 90114 018 ***150.00 Principal Place of Business Mailing Address 2295 GENESEA LANE 2295 GENESEA LANE VERO BEACH FL 32963 VERO BEACH FL 32963-3148 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0380471 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 SUSAN C BURDETTE Street Address (P.O. Box Number is Not Acceptable) 18927-DOUBLETREE TRAIL WEST PALM BEACH FL 33414 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 \$5.00 May Be 10. Election Campaign Financing 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 11. OFFICERS AND DIRECTORS 12. TITLE Addition TITLE ☐ Delete BURDETTE, G. M. NAME NAME 2295 Genesea Lane 13927 DOUBLETREE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-ZIP DPST ☐ Addition ☐ Delete TITLE TITLE BURDETTE, SUSAN 2295 Genesea Lane NAME NAME 13927 DOUBLETREE TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL [Addition ☐ Delete TITLE PROVINI FERDINAND NAME NAME 1933 STRATFORD WAY STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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:

SUPPLICATION RESIDENCE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/00

561 231-8750

Daytime Phone #