2001 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P93000008852 1. Entity Name ASSET MINDERS, INC. 04-27-2001 90270 030 ***150.00 Principal Place of Business Mailing Address 2550 N FEDERAL HWY 2550 N FEDERAL HWY SUITE 12 SUITE 12 C0053371 FT LAUDERDALE FL 33305 FT LAUDERDALE FL 33305 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0395364 Not Applicable Ζiρ 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 HOLLAND, ROBERT JR Street Address (P.O. Box Number is Not Acceptable) 2550 N. FEDERAL HWY FT LAUDERDALE FL 33305 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. SIGNATURE DATE 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) П Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSD** ☐ Addition ☐ Delete TITLE HOLLAND, ROBERT R JR NAME NAME STREET ADDRESS STREET ADDRESS 2550 N FEDERAL HWY SUITE 12 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33305 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ~ ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP TITI F ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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: Robert R. Holland, Tr. 4 21 01 (954/568-648) SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR