2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am Secretary of State DOCÜMENT # P93000013346 1. Entity Name LDH ASSOCIATED, INC. 03-06-2001 90346 049 ***150.00 Principal Place of Business Mailing Address 7667 WEST SAMPLE 2230 N.W. 66TH AVE. MARGATE FL 33063 SUITE 193 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0396161 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HILTY, DIANA R Street Address (P.O. Box Number is Not Acceptable) 2230 NW 66TH AVE MARGATE FL 33063 Zip Code City 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 DATE (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, 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 12. 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE Change ☐ Addition HILTY, LUTHER E NAME NAME STREET ADDRESS STREET ADDRESS 2230 NW 66TH AVE CITY-ST-ZIP CITY-ST-ZIP MARGATE FL 33063 ☐ Addition ☐ Delete TITLE ☐ Change TITLE HILTY, DIANA R NAME NAME 2230 NW 66TH AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MARGATE FL 33063 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME 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

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 OF PRINTED NAME OF SIG

DIANA HILTY

2-28-01

954-974527

Date

Daytime Phone #

FILED