2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Mar 27, 2000 8:00 am Secretary of State DOCUMENT # **P93000017282** Y.Y.D. OF PALM BEACH COUNTY. INC. 03-27-2000 90130 048 ***150.00 Mailing Address Principal Place of Business P O BOX 854 5590 S 37 CT LOXAHATCHEE FL 33470-0854 GREENACRES FL 33463 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0392569 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITCHELL, DALE Street Address (P.O. Box Number is Not Acceptable) 14292 WELLINGTON TRACE WEST PALM BEACH FL 33414 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change | Addition **PVST** ☐ Dt:lete TITLE TITLE MITCHELL, DALE NAME NAME 14292 WELLINGTON TRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33414 CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE MITCHELL, DALE NAME STREET ADDRESS 14292 WELLINGTON TRACE STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33414 CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 faccurate 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

FILED

OBLIGHTURE DO SERVICE OF SIGNING OFFICER OR DIRECTOR

Date

Date