FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 16, 2001 8:00 am DOCUMENT # P93000021326 **Secretary of State** ZOOK MOORE AND ASSOCIATES, INC. 02-16-2001 90011 038 ***158.75 Principal Place of Business Mailing Address 901 NORTHPOINT PARKWAY 901 NORTHPOINT PARKWAY STE. 406 STE, 406 WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 2. Principal Place of Business 3. Mailing Address PO Box 33068 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For 65-0456689 Not Applicable Raleigh, NC 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 Roger-R.-Parenteau= ZOOK, JAMES R Street Address (P.O. Box Number is Not Acceptable) 901 NORTHPOINT PARKWAY 901 Northpoint Parkway STE. 406 Suite 406 WEST PALM BEACH FL 33407 City West Palm Beach 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 1/31/01 (NOTE: Registered Agent signature required when reinstating) 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE EVASD ☐ Addition ☐ Delete TITLE MOORE, DON R NAMÉ NAME STREET ADDRESS 901 NORTHPOINT PARKWAY SUITE 406 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33407 TITLE ☐ Addition TITLE Delete SVST.C PARENTEAU, ROGER R NAME NAME 901 NORTHPOINT PARKWAY SUITE 406 STREET ADDRESS STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL 33407 CITY-ST-ZIP TITLE TITLE ☐ Addition ZOOK, JAMES R_ NAME NAME STREET ADDRESS 901 NORTHPOINT PARKWAY STE 400 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33407 CITY-ST-ZIP Delete TITLE TITLE ■ Addition PD NAME MERCER, RICHARD W NAME 500 N MAITLAND AVE. STE. 301 STREET ADDRESS STREET ADDRESS 237 S Westmonte Drive, Suite 245 CITY-ST-ZIP MAITLAND FL 32751 CITY-ST-ZIP <u> Altamonte Springs, FL 32714</u> ☐ Change ≟, Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ITT Unange 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.

Roger R. Parenteau

1/31/01

(561) 683-4017

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IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR