2001 UNIFORM BUSINESS REPORT (UBR)

Feb 19, 2001 8:00 am Secretary of State DOCUMENT # P93000055881 S. AND A. PROPERTY MANAGEMENT, INC. 02-19-2001 90026 021 ***150.00 Principal Place of Business Mailing Address 7644 EAGLE POINT DRIVE PO BOX 7179 DELRAY BEACH FL 33446 **DELRAY BEACH FL 33482** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0434445 Not Applicable 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 HAUBER, EDWARD R Street Address (P.O. Box Number is Not Acceptable) 7644 EAGLE POINT DRIVE **DELRAY BEACH FL 33446** Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PVST** CR2E034 (10/00) TITLE Delete ☐ Change ☐ Addition NAME HAUBER, EDWARD R NAME STREET ADDRESS 7644 EAGLE POINT DRIVE STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL TITLE ☐ Delete TITLE Сhange ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete DILE ☐ 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 DILE Addition Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Trn e-Oelate TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CUY-ST-ZIP 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

EDWARD R. HAUBER

FILED