FILED **2000 UNIFORM BUSINESS REPORT (UBR)** Feb 14, 2000 8:00 am Secretary of State DOCUMENT # **P93000071548** 1. Entity Name 02-14-2000 90010 014 ***150.00 JADE LAND COMPANY, INC. Mailing Address Principal Place of Business 2511 WESTGATE AVE. STE 8 2511 WESTGATE AVE. STE 8 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409-8502 ЦS 2. Principal Place of Business 3. Mailing Address WESTGATE WEST GATE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. & State 4, FEI Number Applied For 65-0440037 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent SINGER, MICHAEL S ESQ. 701 NORTHPOINT PKWY. SUITE 330 WEST PALM BEACH FL 33407 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT ☐ Change Addition ☐ Delete TITLE TITLE WADE, JANE S NAME NAME STREET ADDRESS STREET ADDRESS 2303 NEWBURY DRIVE CITY-ST-ZIP CITY-ST-ZIP **WELLINGTON FL 33414** DVS Change Addition ☐ Delete TITLE WADE, FREDERICK G NAME NAME 2303 NEWBURY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ___Change_ ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

STREET ADDRESS CITY-ST-ZIP

NAME

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO