## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # P93000073974 Mar 02, 2000 8:00 am 1. Entity Name The Life Age **Secretary of State** TERRY FORD COMPANY 03-02-2000 90125 011 \*\*\*150.00 Principal Place of Business Mailing Address 2401 E ATLANTIC BLVD 2401 E ATLANTIC BLVD SHITE 410 SHITE 410 POMPANO BEACH FL 33062 POMPANO BEACH FL 33062-5243 2. Principal Place of Business 3. Mailing Address 2211 East Sample Road 2211 East Sample Road Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 204 Suite 204 Applied For 4. FEI Number 65-0563710 ighthouse Point, FL Lighthouse Point. Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П 33064 usa አንራ ዣ USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Peter A. Portley PORTLEY, PETER A Street Address (P.O. Box Number is Not Acceptable) 2401 E ATLANTIC BLVD SUITE 410 Suite 204 POMPANO BEACH FL 33062 Zip Code 33045 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 (NOTE: Registered Agent signature required when reinstating) nt and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Inta 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change TITLE TITLE ... ☐ Delete Peter A. Portley 2311 East Sample Road, Suite 204 Lighthouse Point, FL 33064 NAME NAME PORTLEY, PETER A STREET ADDRESS STREET ADDRESS 2401 E ATLANTIC BLVD SUITE 410 CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITL F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 ather like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR