FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 12, 2001 8:00 am Secretary of State DOCUMENT # P93000078502 J. DENNIS GORDON, INC. 04-12-2001 90044 033 ***150.00 Principal Place of Business Mailing Address 12205 PARK DRIVE 12205 PARK DRIVE COOPER CITY FL 33026 COOPER CITY FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0454500 Not Applicable Zip Zip Country 5. Certificate of Status Desired Fee Required \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GORDON, DENNIS J Street Address (P.O. Box Number is Not Acceptable) 12205 PARK DRIVE COOPER CITY FL 33026 Zip Code City 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 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME GORDON, DENNIS J STREET ADDRESS STREET ADDRESS 12205 PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33026 ☐ Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition Delete TITI F TITLE 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 ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition 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.