2000 UNIFORM BUSINESS REPORT (UBR)

indicated on this report or supplemental reg of the corporation or the receiver or truste changed, or on an attachment with

SIGNATURE:

FILED DOCUMENT # **P94000036282** Apr 03, 2000 8:00 am Secretary of State LOCKWOOD AND CO., INC. 04-03-2000 90178 010 ***150.00 Mailing Address Principal Place of Business 2748 E COMMERCIAL BLVD 1260 E. OAKLAND BLVD. FT. LAUDERDALE FL 33334 FT LAUDERDALE FL 33308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0489452 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FUHRMEISTER, CHRISTOPHER J. Street Address (P.O. Box Number is Not Acceptable) 1260 E. OAKLAND PARK BLVD. LAUDERDHILL FL 33313 Zip Code 8. The above named iging its registered office or registered agent, or both, in the State of Florida. SIGNATURE (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DP ■ Addition ☐ Change TITLE TITLE ☐ Defete GALLANT, GLENN M NAME NAME STREET ADDRESS 5596 BAYVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 Addition DVP ☐ Change ☐ Delete TITLE TITLE BAGLEY, MIKE NAME 2748 E. COMMERCIAL PARK BLVD. STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33308 CITY-ST-ZIP City-St-ZIP ☐ Change ☐ Addition TITLE Delete TITLE FUHRMEISTER, J. CHRISTOPHER NAME NAME 1260 E. OAKLAND PARK BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAUDERHILL FL 33334 CITY-ST-ZIF Change ☐ Addition TITLE ☐ Delete TITLE Lockwood, Russ LOCKWOOD, LOCKWOOD NAME NAME STREET ADDRESS STREET ADDRESS 6261 NE 19 AVE #1129 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33308 Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information by signature shall have the same legal effect as if made under oath; that I am an officer or director as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if with this filing does not qualify for rt is true and acqurate and that 13. Thereby certify that the information supplied

IG OFFICER OR DIRECTOR