FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am DOCUMENT # **P94000037427 Secretary of State** PETTY MANAGEMENT GROUP, INC. 01-31-2001 90299 002 ***158.75 Principal Place of Business Mailing Address 20060 CORTEZ BOULEVARD P O BOX 10391 BROOKSVILLE FL 34601 POMPANO BEACH FL 33061 2. Principal Place of Business 3. Mailing Address 2617 SE 14 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0538843 POMPANO BEA Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33007 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLORIDA LAWDOCK INC. Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE. 4TH FLOOR WEST PALM BEACH FL 33402-3188 Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Delete TITLE TITLE PETTY, WARREN A NAME NAME 76:7 SE 14TH ST. POMPANO BEACH, FL 33062 STREET ADDRESS STREET ADORESS 20060 CORTEZ BLVD. CITY-ST-7/E CITY-ST-ZIP **BROOKSVILLE FL** ☐ Addition ☐ Delete TITLE TITLE HERT, MICHELLE K NAME NAME STREET ADDRESS STREET ADDRESS 300 HIGHFIELD DR CITY-ST-7IP CITY-ST-7IE COLUMBUS OH 43214 Change ☐ Addition ☐ Delete TITLE TITLE NAME PETTY, LARRY D NAME STREET ADDRESS STREET ADDRESS 3604 E LINCOLN WAY CITY-ST-ZIP CITY-ST-ZIP SRERLING IL 61081 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ■ Addition 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 other like empowered.

res DORPRINTED NAME OF SIGNING OFFICER OR DIRECTOR