2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Apr 07, 2000 8:00 am Secretary of State DOCUMENT # **P94000094141** HEINRICH GORDON HARGROVE WEIHE & JAMES, P.A. 04-07-2000 90016 025 ***150.00 Principal Place of Business Mailing Address 500 E. BROWARD BLVD. 500 E. BROWARD BLVD. SUITE 1000 SUITE 1000 **ʊʊʊ • ~ ∨** FORT LAUDERDALE FL 33394-3087 FORT LAUDERDALE FL 33394 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0541803 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HARGROVE, JOHN R Street Address (P.O. Box Number is Not Acceptable) 500 E. BROWARD BLVD. SUITE 1000 FORT LAUDERDALE FL 33394 Zip Code City 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) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE □ Delete TITLE GORDON, RICHARD G NAME NAME STREET ADDRESS 500 E. BROWARD BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33394 ☐ Delete TITLE Change ☐ Addition TITLE HARGROVE, JOHN R NAME NAME STREET ADDRESS 500 E. BROWARD BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33394 ☐ Change ☐ Addition Delete TITLE TITLE WEIHE, BRUCE A NAME NAME STREET ADDRESS STREET ADDRESS 500 E. BROWARD BLVD. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33394 ☐ Change ☐ Addition TITLE Delete TITLE JAMES, GORDON III NAME NAME STREET ADDRESS STREET ADDRESS 500 E BROWARD BLVD CITY-ST-7iP CITY-ST-ZIP FT LAUDERDALE FL 33394 ☐ Change [] Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 other like empowered.

GORDON JAMES

SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR