2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May $02, \overline{2001}, 8:00$ am DOCUMENT # P95000015253 Secretary of State 1. Entity Name FREDOT, INC. 05-02-2001 90195 045 ***158.57 Principal Place of Business Mailing Address 540 EAST MCNAB RD. 540 EAST MCNAB RD. CUU58356 SUITE D SUITE D POMPANO BEACH FL 33060 POMPANO BEACH FL 33060 2. Principal Place of Business ³1301 E. Atlantic Blvd. 1301 E. Atlantic Blvd. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Pompano Beach, FL Pompano Beach, FL City & State City & State 4. FEI Number Applied For 65-0577756 33060 33060 U.S.A. Not Applicable Country Zip \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C. ANTHONY RUMORE, ESQ. DANIEL E. CATES, PA Street Address (P.O. Box Number is Not Acceptable) 1500 E. ATLANTIC 540 E. McNab Road, Suite C STE B POMPANO BCH FL 33060 City Zip Code 33060 Pompano Beach 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. (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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DIRECTOR CR2E034 (10/00) Change XXAddition ☐ Delete TITLE TITLE CHRISTIAN J. WINTER WINTER, JOHN T NAME NAME 990 S.E. 5th COURT 990 S.E. 5TH COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP POMPANO BEACH, FL 33060 CITY-ST-ZIP POMPANO BEACH FL 33060 Delete TITLE TITI F Change Christian J. Winter NAME NAME STREET ADDRESS 990 SE 5 Court STREET ADDRESS ompone Beach FL 33060. CITY-ST-ZIP_ CITY-ST-ZIP___ TITLE Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [7] Change ☐ Addition 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 TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 vivatee 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