2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with

SIGNATURE:

DOCUMENT # P95000016494 Aug 29, 2000 8:00 am Secretary of State 1. Entity Name HARRY PAPPAS MARKETING, INC. 08-29-2000 90032 044 ***550.00 Principal Place of Business Mailing Address 21346 ST. ANDREWS BLVD. 21346 ST. ANDREWS BLVD. SUITE 201 SUITE 201 **BOCA RATON FL 33434 BOCA RATON FL 33434** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0575030 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 PAPPAS, HARRY JR. Street Address (P.O. Box Number is Not Acceptable) 6381 VIA ROSA **BOCA RATON FL 33434** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition TITLE ☐ Delete TITLE Pappas, HARRY JR. 362 Royal Tern Road South PAPPAS, HARRY JR. NAME NAME STREET ADDRESS 13810 SUTTON PARK DRIVE, N. #1119 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32224 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP, -☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Ing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if all other like empowered. 13. I hereby certify that the information supplied with this indicated on this report or supplemental report is the of the corporation or the receiver or rust