FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 12, 2001 8:00 am Secretary of State DOCUMENT # **P95000025195** 1. Entity Name THE BALTIMORE COMPANY 01-12-2001 90020 004 ***150.00 Mailing Address Principal Place of Business 411 WALNUT STREET 201 NE SPANISH DR 00002647 BOCA RATON FL 33432 GREEN COVE SPRINGS FL 32043-3443 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0573508 City & State Not Applicable Country \$8.75 Additional Zip Country П Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SOUTH FLORIDA REGISTERED AGENTS INC. Street Address (P.O. Box Number is Not Acceptable) 200 EAST LAS OLAS BLVD. **SUITE 1900** FT. LAUDERDALE FL 33301- --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 DATE (NOTE: Registered Agent signature required when reinstating) 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 After MAY 1, 2001 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change Change ☐ Addition Delete TITLE TITLE CHARLES BALTIMONE BALTIMORE, CHARLES NAME NAME 411 WALNUT ST. #1460 201 NE SPANISH TR STREET ADDRESS STREET ADDRESS GREEN COVE SPRINGS, FL **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE 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-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 addition of the corporation of the receiver or trustee empowered.

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