1 UNIFORM BUSINESS REPORT (UBR) Apr 17, 2001 8:00 am Secretary of State **DOMENT # P95000055080** ntity Name VADISON LAKES INC. 04-17-2001 90161 021 ***150.00 Mailing Address Principal Place of Business J231 MUIRHEAD CIRCLE 8231 MUIRHEAD CIRCLE **BOYNTON BEACH FL 33437 BOYNTON BEACH FL 33437** 3. Mailing Address 2. Principal Place of Business 1163 RT 22 woodpride DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0609213 ハエ mountainside Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 07091 US 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PINKWASSER, ALAN Street Address (P.O. Box Number is Not Acceptable) 8231 MUIRHEAD CIRCLE **BOYNTON BEACH FL 33437** City 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 DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE Change Addition ☐ Delete TITLE NAME FISCH, MARK NAME FISCH MARK one wood bridge centur Dr STREET ADDRESS STREET ADDRESS 8231 MUIRHEAD CIRCLE woodbridge NJ 07095 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** Change ☐ Addition Delete TITLE TITLE Fisch, Ezwine center Dr NAME NAME FISCH, ERWIN STREET ADDRESS STREET ADDRESS 8231 MUIRHEAD CIRCLE Woodbridge, NJ 07095 CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33437** ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP □ Change Addition 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 ☐ Change ☐ Delete Addition TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/01 Date

Daytime Phone #