2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 26, 2000 8:00 am Secretary of State DOCUMENT # P95000055132 1. Entity Name FOUR LEAF CLOVER, INC. 01-26-2000 90130 018 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 897 660 NE BROADVIEW DR BOCA RATON FL 33429-0897 **BOCA RATON FL 33431** B0007733 BLUD 2. Principal Place of Business 3. Mailing Address 2298NW. BOCARATON Ad 70 Box897 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0595427 Not ≏: \$8.75 Additional Country 5. Certificate of Status Desired Fee Required -6.-Neme and Address of Current Registered Agent 7. Name and Address of New Registered Agent ichard NSON ROBINSON, RICHARD Address (P.O. Box Number is Not Acceptable)
40 Banyan Rd #5010 660 NE BROADVIEW DR **BOCA RATON FL 33431** aton 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** Mav Be After MAY 1, 2000 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. TITLE \*\*\*\*\* TITLE Delete Robinson, Richard ROBINSON, RICHARD NAME 1040 Banyan Rd # 5010 Boca Raton, 71 33432 NAME STREET ADDRESS STREET ADDRESS 660 NE BROADVIEW DR 33432 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Ti Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 address, with all other like empowered. SIGNATURE:

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #