2000 UNIFORM BUSINESS REPORT (UBR)

Apr 12, 2000 8:00 am Secretary of State DOCUMENT # **P95000062586** CHARLES A. CARON, P.A. 04-12-2000 90078 008 ***150.00 Principal Place of Business Mailing Address 0529 MAPLE CHASE DR. 10529 MAPLE CHASE OR BOCAPRATON EL 33498 BOCA RATON FL 34952-6064 2. Principal Place of Business 3. Mailing Address 2019 S.E. KiLMALLIE CT DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0605287 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent CARON, CHARLES A Street Address (P.O. Box Number is Not Acceptable) 19529 MAPLE CHASE DR. BOOK PATON FL 33498 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, typed or printed name of registered agent and title if applicable DATE (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, 2000 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. **DPVS** TITLE ☐ Delete ☐ Addition CARON, CHARLES A NAME 1000 MAPLE CHASE DR. 2019 9. E. Kilmallie Ci STREET ADDRESS STREET ADDRESS BOGA RATON FL-88498 PORT ST. LUCIE, FL CITY-ST-ZIP ☐ Delete Change Addition TITLE CARON. CHARLES A NAME 10529-MAPLE CHASE DR. STREET ADDRESS STREET ADDRESS CITY-ST-71E BOCA PATON FL 99498 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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 TITLE □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-71P 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:

MANUE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/4/00 Date

561-337-4337