2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P95000078450** Jan 18, 2000 8:00 am **Secretary of State** DUSA PROPERTIES, INC. 01-18-2000 90149 007 ***150.00 Mailing Address Principal Place of Business 2675 LAKE DRIVE PO BOX 10553 RIVIERA BEACH FL 33419-0553 SINGER ISLAND FL 33404 2. Principal Place of Business 3. Mailing Address 03 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 65-0615098 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MAC M. HOPKIN Street Address (P.O. Box Number is Not Acceptable) 2675 LAKE DRIVE SUITE 800 SINGER ISLAND FL 33404 8. The above named entity submits this stater ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) ent 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, 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 11. OFFICERS AND DIRECTORS 12. n ☐ Delete TITLE KZI Change ☐ Addition TITLE HOPKIN, MAC M NAME NAME 8400 HICKOTY #1302 STREET ADDRESS STREET ADDRESS 2675 LAKE DRIVE CITY-ST-ZIP Frisco, TX 75034 CITY-ST-ZIP SINGER ISLAND FL ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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: MACHINE AND TYPET OF HEINTEN NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP