2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000087615 TILLE DECKETARY OF STATE OF STATE Lanier, Inc

Principal Place of Business

5637 Pacific BI-D Mailing Address 00 OCT 10 AM 9: 38 Boca Rator, FL 33433 2. Principal Place of Business 5637 Paclific Blod. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65 0683489 Applied For City & State Not Applicable Country \$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 John Bishop Blod (#2904) Street Address (P.O. Box Number is Not Acceptable) Boca Rator, FC 33433 Zip Code FL 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. (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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Change ☐ Addition TITLE PO John Bishop Blod # 2904 5637 Pacific Blod # 2904 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE NAME 800003429908-STREET ADDRESS STREET ADDRESS -10/19/00--01075--001 CITY-ST-ZIP CITY-ST-ZIP ****158.75<u>**</u>**158.75 ☐ Delete ☐ Change ☐ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete T)T) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICE OR DIRECTOR 10/4/00 861392686/ SIGNATURE:

LANIER, INC.

BUSINESS ACCOUNTING
SUITE 2904
5637 PACIFIC BLVD.
BOCA RATON, FL 33433
(561) 392-6861

Oct 4, 2000

Uniform Business Report Division of Corporations P. O. Box 1500 Tallahassee, FL 32302-1500

Dear Sirs,

Please forgive this late filing, we never got our annual report form and when I called to have one sent, they put the wrong address on it and it went to a neighbor. I just got it today! Will send it by express mail!

Thank you

John Bishop

JAB/vm Enclosures