## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2000 8:00 am Secretary of State DOCUMENT # P95000089771 CAVALLIX, INC. 03-14-2000 90007 019 \*\*\*150.00 Principal Place of Business Mailing Address P.O. BOX 11370 P.O. BOX 11370 LEXINGTON KY 40575-1370 singlifiche KY 40575 โสมิเฮริริริส 3. Mailing Address 2. Principal Place of Business 4 Heathcote Place c/o William H. Newton, III Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Old Station Rd., Newmarket 444 Brickell Ave., #300 Applied For City & State City & State 4. FEI Number 65-0622823 Not Applicable Suffolk, CB8 8GB U.K. <u>Miami, FL</u> Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33131 U.S. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BAUR, THOMAS ESQ. Street Address (P.O. Box Number is Not Acceptable) 21ST FLOOR, NEW WORLD TOWER 100 NORTH BISCAYNE BLVD. **MIAMI FL 33132** 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. DATE Signature, typed or printed name of registered agent 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PTSD ☐ Addition PTSD 陆 Delete TITLE TITLE SEAMAN, CECIL NAME NAME Barbara FitzGerald 1736 WOODLARK AVENUE STREET ADDRESS STREET ADDRESS 4 Heathcote Place, Old Station Rd. **LEXINGTON KY 40505** CITY-ST-ZIP CITY-ST-ZIE United Newmarket, Suffolk CB8 8GB 🖎 Delete TITLE DITE SEAMAN, CECIL NAME Barbara FitzGerald 1736 WOODLARK AVENUE STREET ADDRESS STREET ADDRESS 4 Heathcote Place, Old Station Rd. **LEXINGTON KY 40505** CITY-ST-7IP CITY-ST-7IP Newmarket, Suffolk, CB8 8GB ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Detete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Barbara FitzGerald

X 28/2/00

X+44.(638.66<del>8</del>95

Daytime Phone #