2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # P9600010581 BRANCH ASSOCIATES, INC. 01-29-2001 90190 027 ***150.00 Principal Place of Business Mailing Address 14255 US HWY 1 P. O. BOX 14326 NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0641009 Not Applicable Zip Country Zip 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 Name BRANCH, PAUL C Street Address (P.O. Box Number is Not Acceptable) 11308 GLEN OAKS CT NORTH PALM BEACH FL 33408 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete Change BRANCH, PAUL C NAME 11308 GLEN OAKS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL 33408 CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition BRANCH, JANE D NAME NAME STREET ADDRESS 11308 GLEN OAKS CT STREET ADDRESS NORTH PALM BEACH FL 33408 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete 📉 Change TITLE ☐ Addition BRANCH, DANIEL J NAME NAME Branch, Daniel J. STREET ADDRESS 5403 ASHTON COURT STREET ADDRESS 240 N Washington Blvd CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP Sarasota, Fla 34236 TITLE ☐ Delete TITLE ☐ Change Addition NAME 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-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition 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:

STREET ADDRESS

CITY-ST-ZIP

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR