2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000022324 May 22, 2000 8:00 am 1. Entity Name Secretary of State RECOBOND, INC. 05-22-2000 90073 027 ***150.00 Principal Place of Business Mailing Address 1776 LAKE WORTH RD. 1776 LAKE WORTH RD. STE. 200 STE. 200 LAKE WORTH FL 33460-3692 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0683195 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MARGARET A. FAICHNEY BRISSON, DALE J Street Address (P.O. Box Number is Not Acceptable) I1380 PROSPERITY FARMS ROAD 1002 S. OCEAN BLVD. **DELRAY BEACH FL 33483** SUITE 112 33410- :692 ^{Ci}PALM BEACH GARDENS 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. (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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ▼ Change TITLE TITI F ☐ Defete BRISSON, DALE NAME 1002 S.OCEAN BLVD STREET ADDRESS 1776 LAKE WORTH ROAD, #200 STREET ADDRESS CITY-ST-ZIP **DELRAY BEACH FL 33484** LAKE WORTH, FL 33460-3692 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE BRISSON, JOSEPH NAME NAME 1776 LAKE WORTH ROAD, #200 242 CARDINAL LN. STREET ADDRESS STREET ADDRESS LAKE WORTH. FL 33460-3692 CITY-ST-ZIP CITY-ST-ZIP DELRAY FL 33445 ☐ Addition Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

SIGNATURE: April 27 /00 56/ 702-31/2