2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 31, 2001 8:00 am Secretary of State DOCUMENT # P96000051106 1. Entity Name CORAL SPRINGS VENTURE III, INC. 01-31-2001 90276 048 ***158.75 Principal Place of Business Mailing Address 3204 CORAL RIDGE DR P.O. BOX 8533 CORAL SPRINGS FL CORAL SPRINGS FL 33075 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 65-0829215 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 Name SCOTT, RICHARD L SP.O Box Number is Not Acceptable) 3204 CORAL RIDGE DR CORAL SPRINGS FL <u>8</u>20°EE 8. The above named entity submits this pose of changing its registered office or registered agent, or both, in the State of Florida Signature, typ 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 TITLE ☐ Delete DITLE Change Addition SCOTT, RICHARD L NAME NAME 8248 SWZYTH St., N. Lauderdale, FL STREET ADDRESS 3204 CORAL RIDGE DR STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-ZIP TITLE Y Delete ☐ Addition TITLE CAPWELL, ANGELA J NAME NAME STREET ADDRESS 3204 CORAL RIDGE DR STREET ADDRESS CITY-ST-ZIP **CORAL SPRINGS FL** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME* NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE -Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 this wered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Richard L.Sc

1/21/01

(954) 755-2461

Daytime Phone #