2000 UNIFORM BUSINESS REPORT (UBR)

of the corporation or their changed, or on an attack

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FILED DOCUMENT # **P96000087303** Mar 28, 2000 8:00 am **Secretary of State** MIGHTY MAT, INC. 03-28-2000 90096 037 ***150.00 Mailing Address Principal Place of Business 1400 CENTREPARK BLVD 1400 CENTREPARK BLVD #310 WEST PALM BEACH FL 33401-7403 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0719441 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ----6. Name and Address of Current Registered Agent-Name NORRIS, DAVID B Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HIGHWAY ONE NORTH PALM BEACH FL 33408 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 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. Addition ☐ Delete ☐ Change TITLE TITLE SMITH, MATTHEW K. NAME NAME 1400 CENTER PARK BLVD., SUITE 310 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete --- Change ---- Addition-TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP mation 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 upplemental 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 eiver or trustee empowered to execute thin eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if no with an address, with all other like empowered. 13. I hereby certify that the indicated on this repor