FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2002 8:00 am Secretary of State P96000098926 DOCUMENT # 1. Entity Name 04-24-2002 90368 046 ***150 00 J.A. GONZALEZ & ASSOCIATES, INC. Mailing Address Principal Place of Business 6160 BEAR CREEK COURT 6160 BEAR CREEK COURT LAKE WORTH FL 33467 LAKE WORTH FL 33467 3. Mailing Address 2. Principal Place of Business 6363 HARBOUR CLUB DRIVE 6363 HARBOUR CLUB DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0723069 Not Applicable LAKE WORTH LAKE WORTH \$8.75 Additional 5. Certificate of Status Desired Zip Fee Required 33467 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) GONZALEZ, JOSE A DRIVE 6363 HARBOUR CIUB 6160 BEAR CREEK COURT LAKE WROTH FL 33467 Zip Cod 34-67 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 _ TE: Registered Agent signature required when reinstating) ent and title if applicable Signature, typed or printed name of registered s 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, 2002 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change TITLE ☐ Delete PD NAME GONZALEZ, J NAME 6363 HARBOUR CLUB DRIVE STREET ADDRESS 6160 BEAR CREEK COURT STREET ADDRESS LAKE WORTH, FL 33467 CITY-ST-ZIP LAKE WORTH FL 33467 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ___ Change TITLE. ے ۔.Delete بے TITLE _ NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 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 the composition of the receiver of the corporation of the receiver of the receiv address, with all other like mpowered. changed, or on an attachment with a

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER O

(9/01)

4-10-02

Daytime Phone #