2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED Mar 29, 2001 8:00 am DOCUMENT # P97000031347 **Secretary of State** JIGSAW DEVELOPMENT CORP. 03-29-2001 90360 004 ***150 00 Principal Place of Business Mailing Address 288-Z SMITH SUNDY RD. 288-Z SMITH SUNDY RD. DELRAY BEACH FL 33446 DELRAY BEACH FL 33446 3. Mailing Address 14460 Smith Sundy Rd. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0753812 Not Applicable Zip Country 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 MOMBACH, GEOFFREY Street Address (P.O. Box Number is Not Acceptable) 500 E. BROWARD BLVD., STE. 1950 FT. LAUDERDALE FL 33394 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 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE WOLF, STEVEN NAME NAME 14450 Smith Sundy Rd. 288-Z SMITH SUNDY RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33446 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Chance SIEMENS, RICHARD NAME NAME STREET ADDRESS 4800 N FEDERAL HWY, SUITE 202-E STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33431** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition 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 received 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.

Heven Wolf

NTED NAME OF SIGNING OFFICER OR DIRE