2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P97000032991 WESTBROOK FARMS, INC. 04-10-2001 90119 007 ***150.00 Principal Place of Business Mailing Address 1537 OAK FOREST DR. 1537 OAK FOREST DR. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174 2. Principal Place of Business 3. Mailing Address 5210 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3449005 Applied For Bunnell Bunnel Not Applicable 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 KATZ, B. PAUL ESQ Street Address (P.O. Box Number is Not Acceptable) 1 FLORDA PARK DR. SOUTH **ATRIUM SUITE** PALM COAST FL 32137 Zip Code City 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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (10/00) Change Addition TITLE Delete TITLE HIRX, ROBERT L NAME NAME 1537 OAK FOREST DR. STREET ADDRESS STREET ADDRESS 5210 CR 305 ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP Bunnell, FL 32110 Delete TITLE TITLE HIRX, ROSE L NAME NAME 1537 OAK FOREST DR. STREET ADDRESS STREET ADDRESS 5210 CR 305 ORMOND BEACH FL 32174 CITY-ST-ZIP CITY-ST-ZIP Bunnell,_FL_32110 ☐ Change ☐ Addition . TITLE TITLE . [7] Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE 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 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