2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000041487 Apr 24, 2000 8:00 am Secretary of State PHILCO BUILDING & DESIGN CONSULTANTS, INC. 04-24-2000 90204 026 ***158.75 Principal Place of Business Mailing Address 2811 NE 36TH STREET 2811 NE 36TH STREET LIGHTHOUSE POINT FL 33064-8564 LIGHTHOUSE POINT FL 33064 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0752906 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TERRY WEISS, PHILIP J Street Address (P.O. Box Number is Not Acceptable) 2811 NE 36TH STREET N.E. 36 5 5T. LIGHTHOUSE POINT FL 33064 GHTHOUSE 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. (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 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 Addition Delete TITLE TITLE NAME WEISS, PHILIP J NAME STREET ADDRESS 2811 NE 36TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Addition □ Change TITLE DD PD ☐ Delete TITLE NAME NAME WEISS, TERRY J STREET ADDRESS STREET ADDRESS 2811 NE 36TH STREET CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME 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 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIF CITY-ST-ZIP ☐ Change ■ Addition ☐ 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 changed, or on an attachment with an address, with all other like empowered.

Date

Daytime Phone #