FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P97000041511 1. Entity Name 05-16-2001 90048 006 ***150.00 HARBOR TOWN HOLDING GROUP I, INC. Principal Place of Business Mailing Address 120 SO. OLIVE AVE. #705 120 SO. OLIVE AVE. #705 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 HS 2. Principal Place of Business 3. Mailing Address 601 No OCEAU 601 No Oceau Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE 401 City & State City & State 4. FEI Number Applied For 65-0755340 PATOU Not Applicable \$8.75 Additional Palm Beach 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLUCCI, WILLIAM R Street Address (P.O. Box Number is Not Acceptable) 120 SO. OLIVE AVE. #705 WEST PALM BEACH FL 33401 City Zip Code 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PD TITLE Change TITLE Delete HAYES, RONALD W JR NAME NAME STREET ADDRESS 120 SO. OLIVE AVE. #705 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 F133468 ☐ Addition TITLE Delete TITLE COLUCCI, WILLIAM R NAME STREET ADDRESS 120 SO. OLIVE AVE. #705 STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP Delete TITLE Addition TITLE BOVI, DAVID M NAME NAME STREET ADDRESS STREET ADDRESS 120 SO. OLIVE AVE. #705 CITY-ST-ZIP CITY-ST-7IP WEST PALM BEACH FL 33401 Bence F1 33401 Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE

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 a 561-721-006 SIGNATURE 2 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7tP