2CO1 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE PROTECTION OF INTEREST PROPE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: 1

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P97000053082 1. Entity Name TEQUESTA PC. (NC. 04-09-2001 90048 036 ***158.75 Mailing Address Principal Place of Business JUPITER LAW CNTR. CHASEWOOD PLZ 30 JUPITER LAW CNTR, CHASEWOOD PLZ 30 6390 INDIANTOWN RD. 6390 INDIANTOWN RD. C0043165 JUPITER FL 33458 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 65-0763917 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 玆 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GUMSON, RICHARD P Street Address (P.O. Box Number is Not Acceptable) C/O JUPITER LAW CNTR., CHASEWOOOD PLZ. #30 6390 INDIANTOWN RD. JUPITER FL 33458 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 E.E Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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. 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 12. OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE MILLER, ERIC D NAME NAME STREET ADDRESS 150 PINEVIEW RD. STREET ADDRESS CITY-ST-ZIP JUPITER FL 33469 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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