2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P97000053599** Jan 22, 2000 8:00 am **Secretary of State** ENNIS, COOPER & PAIGE, P.A. 01-22-2000 90067 030 ***150.00 Principal Place of Business Mailing Address 2500 WESTON RD. 2500 WESTON RD. 213 FT. LAUDERDALE FL 33326 FT. LAUDERDALE FL 33326 -----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 4. FEI Number 65-0768514 Not Applicable Zip Country \$8.75 Additional Country Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE ☐ Delete TITLE ENNIS, DAVID NAME STREET ADDRESS STREET ADDRESS 2500 WESTON RD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33326 Change VD Addition TITLE ☐ Delete TITLE COOPER, JAY NAME NAME SUITE 105 STREET ADDRESS STREET ADDRESS 2500 AIRPORT RD S 209 CITY-ST-7IP CITY-ST-7IP NAPLES FL 34112 ☐ Addition STD Change _ Delete TITLE PAIGE, GARY NAME NAME STREET ADDRESS STREET ADDRESS 2500 WESTON RD 213 CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33331 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete **PMAN** NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of 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 of the receiver or trustee compowered 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.

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