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2001 UNIFORM BUSINESS REPORT (UBR)

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

SIGNATURE:

Apr 09, 2001 8:00 am Secretary of State DOCUMENT # P97000055188 HONOR BILT ASSOCIATES, INC. 04-09-2001 90054 034 ***150.00 Principal Place of Business Mailing Address 13927 DOUBLETREE TR 13927 DOUBLETREE TR WELLINGTON FL 33414-4062 WELLINGTON FL 33414-4062 2. Principal Place of Business 3. Mailing Address 2041 N. CONFERENCE DR 2041 N. CONFERENCE Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State COCA KATON City & State 4. FEI Number 65-0763784 Applied For BOCA RAYON Not Applicable Country SA \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOGER BACON, ROGER Street Address (P.O. Box Number is Not Acceptable) 13927 DOUBLETREE TRAIL WELLINGTON FL 33414-4062 2041 N. CONFERENCE 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. **M** Change TITLE ☐ Delete ROGER BACON BACON, ROGER NAME 2041 N. CONFERENCE DRIVE NAME 13927 DOUBLETREE TRAIL STREET ADDRESS STREET ADDRESS BOCA RATON WELLINGTON FL 33414-4062 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST: 7IP CITY-ST-ZIP Change TITLE Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change TITLE Addition ☐ Delete TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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