2000 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P97000055512** KEVIN R. ANDERSON, INC. 04-19-2000 90017 004 ***150.00 Mailing Address Principal Place of Business 224 DATURA STREET 224 DATURA STREET SUITE 515 SHITE 515 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401-5633 2. Principal Place of Business 3. Mailing Address ZZY DATURA ST. ZZY DATURA ST. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SUITE 515 515 <u> Suire</u> City & State City & State 4. FEI Number Applied For 65-0767242 Not Applicable WEST PALMAEACH WEST PALM 33401 \$8.75 Additional 5. Certificate of Status Desired 33401 Fee Required VS A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANDERSON, KEVIN-P ANDERSON, KEVIN R ESQ Street Address (P.O. Box Number is Not Acceptable) 224 DATURA STREET ZZY DATURA SUITE 515 WEST PALM BEACH FL 33401 Zip Code 3340/ 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 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Addition TITLE ☐ Delete TITLE ANDERSON, KEVIN R ANDERSON, KEVIN R. NAME NAME 224 NATURA ST., STE. SIS **224 DATURA S, STE 814** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WPB FL 33401 WPB. FL 27401 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE. NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE 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

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 empored. 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.

SIGNATURE:

SIGNATURE AND TYPE OF SEMINE OF SIGNING OFFICER OF DIRECTO

bedin R. ANDERSON

4-12-00 561-83244

Daytime Phone #