2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700065353 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name FGH. INC. 08-02-2000 90150 047 ***150.00 Principal Place of Business Mailing Address 12220 N. ALT. A1A 12220 N. ALT. A1A PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 2. Principal Place of Business 12220 N. ALT A1 3. Mailing Address 12220 N. ALT AIH Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State VALM BEACH GARDENS Applied For 4. FEI Number 65-0775139 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GREEN, HELEN M Street Address (P.O. Box Number is Not Acceptable) 12220 N. ALT. A1A PALM BEACH GARDENS FL 33418 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 \$550.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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. Addition Delete TITLE ☐ Change TITLE GREEN, HELEN M NAME NAME STREET ADDRESS STREET ADDRESS 12220 N. ALT. A1A CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete . NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ 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 changed, or on an attachment with angularies, with all other like empowered.

CITY-ST-7IP

TITLE

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CIGNATURE.

TITLE

NAME STREET ADDRESS

TITLE NAME

CITY-ST-7/P

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

☐ Delete

7/25/00 561-624-9458
Daylimo Phone #

□ Change

Addition

Addition

Dx # P97000065353

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GARDENS ATA TEXACO

FGH INC.

12220 N. ALT, ATA PALM BEACH GARDENS, FL 33410 TEL.561-624-9458; FAX 561-627-0925

July, 25 2000

We are in receipt of 2nd notice of annual filing form. Evidently, we did not receive the <u>first notice</u> because the mailing address is incorrect.

In a phone call to your Division, I was advised to file the form with regular fee and a letter of explanation. The enclosed form also reflects the corrected address.