2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other pempowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED DOCUMENT # **P97000086029** May 16, 2000 8:00 am 1. Entity Name Secretary of State GONEMAD INC. 05-16-2000 90097 012 ***150.00 Principal Place of Business Mailing Address 1519 14TH AVE N 1519 14TH AVE N LAKE WORTH FL 33460-1718 LAKE WORTH FL 33460 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0784998 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. Street Address (P.O. Box Number is Not Acceptable) 4521 PGA BOULEVARD #211 PALM BEACH GARDENS FL 33418 Zip Code 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. (See criteria on back) After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. SECRETARY Change ☐ Addition ☐ Delete TITLE TITLE PAUL BROWN, GELALD **BROWN. GERALD PAUL** NAME NAME 1519 14TH AR STREET ADDRESS 3708 MIL-LAKE CIRCLE STREET ADDRESS LAK2 CITY-ST-ZIP WORM PL 33460 CITY-ST-ZIP LAKE WORTH FL 33463 PRES. ☐ Addition TITLE ☐ Delete TITLE DWYER, JASON C DWYER, JASON C NAME NAME 1519 14TH AVEN 3708 MIL-LAKE CIRCLE STREET ADDRESS STREET ADDRESS LAKE WURTH, FL LAKE WORTH FL 33463 CITY-ST-ZIP CITY-ST-ZIP M VICE .. PRES . E Change Addition TITLE ☐ Delete TITLE MCINNIS, CRAIC 1519 14TH AVEN THOMAS MCINNIS, CRAIG THOMAS NAME NAME STREET ADDRESS 3708 MIL-LAKE CIRCLE STREET ADDRESS WERM, FL 33460 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 TREASULER ☐ Addition Change ☐ Delete TITLE POWELL, CLIFF RICHARD TITLE POWELL, CLIFF RICHARD NAME STREET ADDRESS 3708 MIL-LAKE CIRCLE STREET ADDRESS WGETH, PC. B3460 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 ☐ Addition ☐ Change TITLE Delete TITLE WHITE, SCOTT ALLEN NAME NAME 3708 MIL-LAKE CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33463 SECRETARY X Addition ☐ Change ☐ Delete TITLE TITLE STEPHENS, MARSHALL NAME NAME 1519 14M AUE N STREET ADDRESS STREET ADDRESS LAKE WORTH, FC 33460 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