2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000093871 May 02, 2000 8:00 am Secretary of State OCN PALMS, INC. 05-02-2000 90090 033 ***150.00 Principal Place of Business Mailing Address 3494 LANTERN BAY DRIVE 3494 LANTERN BAY DRIVE JUPITER FL 33477-1312 JUPITER FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0790781 Not Applicable Zip Country Country \$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 Name VALDES-FAULI CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 777 SOUTH FLAGLER DRIVE SUITE 500E WEST PALM BEACH FL 33401 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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. Addition **PSD** ☐ Defete Change TITLE TITLE HOGG, HAROLD H NAME NAME STREET ADDRESS 3494 LANTERN BAY DR STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition Change ☐ Delete TITLE TITLE HOGG, JAMES W NAME NAME STREET ADDRESS STREET ADDRESS 258 KRISTA LANE CITY-ST-ZIP CITY-ST-ZIP **DALLASTOWN PA 17303** Change ☐ Addition ☐ Delete TITLE TITLE NAME HOGG, DAVID H NAME STREET ADDRESS STREET ADDRESS 1125 WYNDSONG DR CITY-ST-ZIP CITY-ST-ZIP **YORK PA 17403** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STAUFFER, DAVID E NAME STREET ADDRESS STREET ADDRESS 2323 S ATLANTIC AVE CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 ☐ Delete ☐ Change Addition 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 filling 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 an address, with all other like empowered.