2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 25, 2001 8:00 am Secretary of State **DOCUMENT # P97000102298** 1. Entity Name TITLE EXAM PLUS, INC. 04-25-2001 90114 015 ***150 00 Mailing Address Principal Place of Business 5722 S FLAMINGO RD 5896 SOUTHWEST 89TH LANE COOPER CITY FL 33325 COOPER CITY FL 33330 US 2. Principal Place of Business 3. Mailing Address 2800 S.W. 156 AUR DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0797704 auie Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 1800 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent arol Souton SAXTON, CAROL (P.O. Box Number is Not Acceptable D5896 S.W. 98TH LANE COOPER CITY FL 33328 T 1.3. 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Channe TITLE ☐ Delete TITLE NAME SAXTON, CAROL J NAME 2800 S.W. 156 Ave STREET ADDRESS 5896 SOUTHWEST 89TH LANE STREET ADDRESS Davie, FL 33331 CITY-ST-ZIP CITY-ST-ZIP COOPER CITY FL 33325 ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRÉSS STREET ADDRESS 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.

TED NAME OF SIGNING OFFICER OR DIRECTOR

FILED