2000 UNIFORM BUSINESS REPORT (UBR)

May 15, 2000 8:00 am **DOCUMENT #** P97000104827 Secretary of State 1. Entity Name 05-15-2000 90285 039 ***150.00 W.O. BRISBEN COMPANIES EAST, Principal Place of Business Mailing Address 2321 N.W. 33RD STREET #212 2321 N.W. 33RD STREET #212 FT. LAUDERDALE, FL 33309 FT. LAUDERDALE, FL 33309 A0053672 2. Principal Place of Business 3. Mailing Address 7800 EAST KEMPER ROAD 7800 EAST KEMPER ROAD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For CINCINNATI OH CINCINNATI OH 65-0800603 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 45249 45249 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) ATKINSON, WILSON C III C/O ATKINSON, DINER, STONE, ET. AL. 1946 TYLER STREET City Zip Code FL HOLLYWOOD, FL 33020 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 11. OFFICERS AND DIRECTORS 12. (66/6)DPS X Change Addition TITLE TITLE Delete BRISBEN, WILLIAM O NAME BRISBEN, WILLIAM O NAME E034 (STREET ADDRESS 2321 N.W. 33RD STREET #212 STREET ADDRESS 7800 EAST KEMPER ROAD CITY - ST - ZIP CITY - ST - ZIP CINCINNATI, OH 45249 FT. LAUDERDALE, FL 33309 TITLE DVP TITI F X Change Addition NAME SCHULER, ROBERT E NAME 7800 EAST KEMPER ROAD STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP CINCINNATI, OH 45249 TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY - ST - ZIP TITLE Addition TITLE Delete Change 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 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. ROBERT E. SCHULER **SIGNATURE:** 4/25/00 (513)489-1990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED