2001 UNIFORM BUSINESS REPORT (UBR)

Jun 20, 2001 8:00 am **Secretary of State** DOCUMENT # P9800006849 06-20-2001 90016 047 ***150.00 H & S ISLAND ACQUISITIONS, INC. Principal Place of Business Mailing Address PULTIUU 890 NORTH COURTENAY PARKWAY 890 NORTH COURTENAY PARKWAY MERRITT ISLAND FL 32953 MERRITT ISLAND FL 32953 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3504697 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SOILEAU, JOHN L Street Address (P.O. Box Number is Not Acceptable) 1970 MICHIGAN AVENUE **BUILDING C** COCOA FL 32922 Zip Code 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 (10/00) ☐ Change ☐ Addition TITLE Delete TITLE NAME HAGAL, GEORGE III NAME STREET ADDRESS 552 HADDON PLACE STREET ADDRESS CR2E034 CITY-ST-ZIP FRANKLIN LAKES NJ 07417 CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME HAGAL, ELAINE NAME STREET ADDRESS STREET ADDRESS **552 HADDON PLACE** CITY-ST-ZIP CHY-ST-ZIP FRANKLIN LAKES NJ 07417 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Deleta TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 807, Florida Statutes; and that my name appears in Block 11 or Block 12 in changed, or on an attachney's with an address, with all other like empowered.

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