2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am Secretary of State DOCUMENT # **P98000012421** 1. Entity Name A FEW MORE THINGS, INC. 01-28-2000 90096 033 ***150.00 Principal Place of Business Mailing Address 2001 N.E. 26TH STREET 2201 N.E. 26TH STREET - FORT LAUDERDALE FL 33305 FORT LAUDERDALE FL 33305-1636 2. Principal Place of Business 3. Mailing Address 438 NE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0857542 Not Applicable FT LAUDERDALE LAUDERDATE Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33305-1 333**0**5-1322 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CUSHING, DIANE Y Street Address (P.O. Box Number is Not Acceptable) - 2301-N.E. 26TH STREET 26<u>TH</u> ST FORT LAUDERDALE FL 33305 ANDERDATE 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. 25 1 . DIANE CUSHING SECT-TR 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition TITLE M Change TITLE ☐ Delete WHITE, ELSIE M NAME NAME 1438 N.E. 2674 ST STREET ADDRESS STREET ADDRESS 2301 N.E. 20TH STREET CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE. DIXON, DAVID L NAME 1438 N.E. 26TH ST NAME STREET ADDRESS 2301 N.E. 26TH STREET STREET ADDRESS CITY-ST-ZIP City-St-ZIP FORT LAUDERDALE FL 33305 Change TITLE ☐ Delete TITLE 1438 N.E. 26 TH ST CUSHING, DIANE Y NAME NAME STREET ADDRESS 2301 N.E. 26TH STREET STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33305 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Oelete TITLE 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 SIGNATURE: