2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000013998 May 11, 2001 8:00 am Secretary of State 1. Entity Name FRENCH & ASSOCIATES, INC. 05-11-2001 90294 004 ***150 00 Principal Place of Business Mailing Address 5525 N. Military Trail 5525 N. Military Trail Apt. 1316 Apt. 1316 Boca Raton, FL 33496 Boca Raton, FL 33496 2. Principal Place of Business 3. Mailing Address 5525 N. Militar 5525N.Militar Suite, Apt. #, etc. Suité, Apt. #, etc. DO NOT WRITE IN THIS SPACE #1316 # 1316 City & State 4. FEI Number Applied For 59-3496240 Bocz Raton Not Applicable 33496 Sountry Boach \$8.75 Additional Certificate of Status Desired w hasch Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Gordon S. French Gordon S. French 5525 N. Military Trail 5525 N.: Military Trail Street Adc Apt. 1316 Boca Raton, FL 33496 Boca Raton, FL 33496 Zip Code FL 8. The above named entity submits this state ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida 4-27-01 f registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to atisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. S AND DIRECTORS IN 11 Gordon S. French Gordon S. French TITLE ☐ Delete ☐ Addition ITLE Change 5525 N. Military Trail 5525 N. Military Trail NAME NAME Apt. 1316 STREET 603 GAApt: 1316 STREET ADDRES! Boca Raton, FL 33496 CITY-ST-ZIP Boca/Raton FL 33496 Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZE CITY-ST-ZIP 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 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 prior like empowered. SIGNATURE: SIGNATURE AND TYPED OR. RINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #