FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

SIGNATURE:

Apr 07, 2003 8:00 am Secretary of State DOCUMENT # P98000024093 1. Entity Name 04-07-2003 90976 035 ***150.00 Peabody & Associates, INC. DO NOT WRITE IN THIS SPACE the top some action of a con-Commence of the commence of th 2. Principal Place of Business 3. Mailing Address 2700 N Military Trail 2700 N. Military Trail Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 130 Suite 130 City & State City & State 4. FEI Number Applied For 65-0839429 Goca Raton, FL Boca Raton, FL Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 33431-6394 33431-6394 Fee Required 7. Name and Address of Current Registered Agent Name Goldstein, Mark B. DO NOT WRITE Street-Address (P.O. Box Number is Not Acceptable) 2700 N. Military Trail Suite 130 City Boca Raton, FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Journs to May 1 For 1, 5185 00 Alier Pay 1, Fee 5 535200 Amended bish in \$11.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Make Check Payable to Floring Gapartment of State 10.-OFFICERS AND DIRECTORS TITLE TITLE 2 Peabody, James C NAME NAME 2700 N Military Trail Suite 130 STREET ADDRESS STREET ADDRESS CR2E034B Boca Raton, FL 33431 CITY ST-ZIP CITY-ST-ZIP JITLE . TITLE VP/D Peabody, Kay L. NAMES: **** O A NAME 2700 N Military Trail Suite 130 1 36 1 118 12 193 STREET ADDRESS STREET ADDRESS Boca Raton, FL 33431 ์ ตั้งที่ รั**า-** ziค CITY-ST-ZIP TITLE Market his grade of the second of the second NAME_ NAME DO NOT WRITE STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP 3:3 INCHASE OF THE PROPERTY OF THE ×πιεφ=≠∘ • τ NAME TO SEE A NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-ST-ZIP The state of the s TITLE NAME A NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE TITLE ** * ** ** NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZP 4564 CITY-ST-ZIP 12. 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 10 or on an attachment with an address, with all other like empowered.

> 770-664-8272 Daytime Phone i