2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000024804** Apr 10, 2000 8:00 am Secretary of State J H ANDERSON DEVELOPMENT, INC. 04-10-2000 90174 001 ***150.00 Principal Place of Business Mailing Address 450 E. LAS OLAS BLVD., SUITE 700 450 E. LAS OLAS BLVD., SUITE 700 FT. LAUDERDALE FL 33301-2223 FT. LAUDERDALE FL 33301 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 65-0827489 Not Applicable Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ANDERSON, JOHN H Street Address (P.O. Box Number is Not Acceptable) 450 E. LAS OLAS BLVD., SUITE 700 FT. LAUDERDALE FL 33301 Zip Code 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. 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE ANDERSON, JOHN H NAME STREET ADDRESS STREET ADDRESS 450 E. LAS OLAS BLVD., SUITE 700 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TIT1.E NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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.

ปิดHN H. ANDERSON

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/22/00

954-524-5336

Daytime Phone #