2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 10, 2000 8:00 am Secretary of State DOCUMENT # P98000041188 1. Entity Name BMC INSURANCE SERVICES, INC. 04-10-2000 90089 050 ***150.00 Principal Place of Business Mailing Address C/O JUPITER LAW CENTER CHASEWOOD PLAZA C/O JUPITER LAW CENTER.CHASEWOOD PLAZA 6390 INDIANTOWN ROAD. SUITE 30 6390 INDIANTOWN ROAD, SUITE 30 JUPITER FL 33458 JUPITER FL 33458-4657 3. Mailing Address 2. Principal Place of Business RJBerube Insurance DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-0838859 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. Name and Address of Current Registered Agent <u>úzvran</u>ee GUMSON, RICHARD P ESQ Not Acceptable) C/O JUPITER LAW CENTER, CHASEWOOD PLAZA 6390 INDIANTOWN ROAD, SUITE 30 JUPITER FL 33458 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 (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 MÁY 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 12. 11. CR2F034 (9/99) TITLE ☐ Delete TITLE Change Addition BERUBE, RICHARD J NAME NAME 351 U.S. HIGHWAY ONE STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition 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 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition 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.

RICHARD J. BERUBE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

SIGNATURE:

/00 (561) 746 - 4.

Daytma Phone #