2001 UNIFORM BUSINESS REPORT (UBR) May 12, 2001 8:00 am Secretary of State DOCUMENT # P98000056359 DELANEY, GREENLAND AND MYERS, INC. 05-12-2001 90017 019 ***150.00 Principal Place of Business Mailing Address 1701 WEST HILLSBORO BLVD..STE.102 1701 WEST HILLSBORO BLVD.,STE,102 DEERFIELD BEACH FL 33442 DEERFIELD BEACH FL 33442 2. Principal Place of Business 3. Mailing Address 1701 WEST HILLSBORD BUD 102 F Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite City & State City & State 4. FE! Number Applied For 65-0847337 DEERFIELD BEACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired FL ces A Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE GONY MYERS, RICHARD L Street Address (P.O. Box Number is Not Acceptable) 1701 WEST HILLSBORO BLVD., STE. 102 1701 W. HILLSBORD **DEERFIELD BEACH FL 33442** Su 100 102 DEGRETGE he purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this statement for JAGENLAND THEOR SIGNATURE Signature, typed or printed me of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITLE □ Delete TITLE MYERS, RICHARD L NAME NAME 1701 W. HILLSBORO BLVD #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DEERFIELD BCH FL 33442** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MYERS, MARGARET NAME NAME 1701 W. HILLSBORO BLVD #102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEERFIELD BCH FL 33442 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition GREENLAND, GREGORY NAME NAME STREET ADDRESS 3220 N.W. 107TH AVE. STREET ADDRESS CITY-ST-7IE CORAL SPRINGS FL 33065 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change Addition

13. I hereby certify that the information supplied with this filling 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 the 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 employered 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.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: -

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

MEOURY SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition