2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000075335 Apr 07, 2000 8:00 am Secretary of State 007 JOHNTHOMAS, INC. 04-07-2000 90083 027 ***150.00 Principal Place of Business Mailing Address 2263 BOCA RATON BLVD 2263 BOCA RATON BLVD SUITE 203 SUITE 203 BOCA RATON FL 33431-7402 BOCA RATON FL 33431-7401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0860296 Not Applicable Zip 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 HUFF, JOHN Street Address (P.O. Box Number is Not Acceptable) 2263 BOCA RATON BLVD SUITE 203 **BOCA RATON FL 33431** Zio Code City 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 DATE Signature, typed or printed name 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, 2000 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 OFFICERS AND DIRECTORS 11. ☐ Addition **2** Delete TITLE TITLE UNDERWOOD THOMAS UNDERWOOD, THOMAS NAME NAME 2263 BECA RATON BIUD STREET ADDRESS STREET ADDRESS **1881 NE 26 STREET** CUTY-ST-7IP BOCA RATON FC 33431 CITY-ST-ZIP WILTON MANORS FL 33305 Change ☐ Addition **VPD** Delete TITLE TITLE NAME HUFF, JOHN NAME 63 BOCA RATON BIVD STREET ADDRESS STREET ADDRESS **1881 NE 26 STREET** CITY-ST-ZIP CITY-ST-ZIP WILTON MANORS FL . Addition ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 ☐ Delete TITLE 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

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 a former like empowered.

SIGNATURE:

SIGNATURE

SIGNATURE

Date

Daytime Phone #