2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000088413 May 04, 2000 8:00 am Secretary of State TEN-MILL OF PALM BEACH COUNTY, INC. 05-04-2000 90106 039 ***150.00 Principal Place of Business Mailing Address 1701 WEST HILLSBORO BLVD. SUITE 401 1701 WEST HILLSBORO BLVD. SUITE 401 DEERFIELD BEACH FL 33431 DEERFIELD BEACH FL 33442-1572 3. Mailing Address 2. Principal Place of Business 777 Yamato Road 777 Yamato Road Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE #340 #330 City & State City & State 4. FEI Number Applied For 65-0867311 Not Applicable Boca Raton, Boca Raton, Country Country \$8.75 Additional 5. Certificate of Status Desired 33431 33431 USA USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Myrick, Kim MOORE, WR Street Address (P.O. Box Number is Not Acceptable) 777 Yamato Road 4800 N. FEDERAL HIGHWAY SUITE 210-A **BOCA RATON FL 33431** #330 City Boca Raton ^{Zip} 33431 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. (President) (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. CR2E034 (9/99) TITLE Myrick, Kim (Pres/Sec/Tres) X Change TITLE ☐ Delete MYRICK, KIM NAME NAME 1664 Flagler Manor Circle 1664 FLAGLER MANOR CIRCLE STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33411 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33411 ☐ Delete 🔀 Change ☐ Addition TITI F TITLE Bearse, Christy (V.P.) BEARSE, CHRISTY NAME 1664 Flagler Manor Circle 9 BENTWOOD DRIVE STREET ADDRESS STREET ADDRESS West Palm Beach, Fl CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33418 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STRFET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

∜Kim Myrick

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

561-893-0163

Daytime Phone #

4/28/00