2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P98000096096** Apr 18, 2000 8:00 am Secretary of State 1. Entity Name **POST & WICKHAM CORPORATION** 04-18-2000 90196 025 ***150.00 Principal Place of Business Mailing Address 901 SOUTH FEDERAL HIGHWAY, SUITE 203 901 SOUTH FEDERAL HIGHWAY, SUITE 203 FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316-1236 ∪ u u ı w u 2. Principal Place of Business 3. Mailing Address 901 S. FEDERAL HIGHWAY 901 S. FEDERAL HIGHWAY Suite, Apt. #, etc. SUITE 101 Suite, Apt. #, etc. SUITE 101 DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 65-0885152 FORT LAUDERDALE, FL FORT LAUDERDALE, FL Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 33316 USA Fee Required 33316 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WILKES, JOHN P ESQUIRE Street Address (P.O. Box Number is Not Acceptable) 150 NORTH FEDERAL HIGHWAY, SUITE 200 FORT LAUDERDALE FL Zin 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees XX (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Change ☐ Addition ☐ Delete TITLE D JOYNER, WILLIAMS A NAME JOYNER, WILLIAMS A. 901 S. FEDERAL HIGHWAY, SUITE 101 NAME 901 SOUTH FEDERAL HIGHWAY, SUITE 203 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE, FL 33316 FORT LAUDERDALE FL 33316 CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE EULER, ERNIE NAME EULER, ERNIE 600 JUBILEE STREET 642 JUBILEE STREET STREET ADDRESS STREET ADDRESS MELBOURNE, FL 32940 CITY-ST-7IP CITY-ST-ZIP **MELBOURNE FL 32940** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ■ 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-7IP 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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPED OR GRIDLED

Daytime Phone #