ĐỘỆ UNIFORM BUSINESS REPORT (UBR) FILED May 24, 2000 8:00 am Secretary of State CUMENT # P9 9 000 1046 05-24-2000 90071 012 ***150.00 Maeing Address gal Place of Business Mailing Address inicipal Place of Business 3 255 LAKEVIEW BLUD. . DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number City & State 65092974 City & State Not Applicable DELRAG Bek \$8.75 Additional Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent EDELMON Eax Number is Not Acceptable City The above named entity submits this statement for the curpose of changing its registered office or registered agent, or both, in the State of Florida. (NOTE, Registered Agent signature recurred when renstating) FILE NOW!!! FEE IS \$150.00 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 Added to Fees Trust Fund Contribution. lax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS Change Addition TITLE ☐ Delete NAME STREET ADDRESS ----CITY-ST-ZIP 5T 7P MILE ☐ Delete 255 LAXOVIEW BLUD NAME STREET ADDRESS ETT ADDRESS CITY-ST-ZIP -- ST- ZIP ☐ Delete LE NAME STREET ADDRESS PEET ADDRESS CITY-ST-ZIP Y-51-ZIP Change Addition TITLE Detete Ė NAME ME STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-71P Addition TITLE Delete ILE. NAME ME STREET ADDRESS REET ADDRESS CITY - ST - ZIP TY-ST-ZIP Change ☐ Addition TITLE Delete NAME ME STREET ADDRESS REET ADDRESS CITY-ST-ZIP TY-ST-ZIP 3. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 13 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 spall 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 expect as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attacpment with an address, with all other like empowered.