2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000107018 Apr 11, 2000 8:00 am Secretary of State THE PERSHING HOUSE, INC. 04-11-2000 90032 026 ***150.00 Principal Place of Business Mailing Address 137 EAST WOOLBRIGHT ROAD 137 EAST WOOLBRIGHT ROAD BOYNTON BEACH FL 33435-6007 **BOYNTON BEACH FL 33435** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0888375 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name F. ANDREWS TAINTOR Street Address (P.O. Box Number is Not Acceptable) 5051 CASTELLO DRIVE SUITE 5 NAPLES FL 34103 Zip Code FL 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 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 12. 11. ■ Addition TITLE ☐ Delete TITLE ROSS, MICHAEL NAME NAME 137 E. WOOLBRIGHT RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BOYTON BEACH FL 33435** CITY-ST-ZIP ☐ Change Addition Delete TITLE ROSS, DAVID J NAME NAME 348 S. OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition ☐ Delete TITLE TITLE ROSS, DAVID J NAME NAME 348 S. OCEAN BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Change ☐ Addition ☐ Delete TITLE TITLE KELTZ, JUDITH NAME NAME 21 S. VALLEY RD. STREET ADDRESS STREET ADDRESS DREXEL HILL PA 19026 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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 instead 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

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

4/5/00

762-7916

Daytime Phone #