2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P98000107226** Apr 11, 2000 8:00 am Secretary of State 1. Entity Name DRIFTWOOD VENTURES, INC. 04-11-2000 90089 001 ***450.00 Principal Place of Business Mailing Address 312 CLEMATIS ST., SUITE 306 312 CLEMATIS ST., SUITE 306 WEST PALM BEACH FL 33401-4617 WEST PALM BEACH FL 33401 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0895439 Not Applicable \$8.75 Additional Country Zip 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 WEISSLER, ROBERT I Street Address (P.O. Box Number is Not Acceptable) 150 W FLAGLER STREET #2200 **MIAMI FL 33130** City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition Change Delete TITLE TITLE BUDDEMEYER, DAVID NAME NAME STREET ADDRESS 100 S. DIXIE HWY., STE 201 STREET ADDRESS 312 CLEMATIS ST., SUITE 306 CITY-ST-ZIP WEST PALM BEACH FL CITY-ST-7IP WEST PALM BEACH, FL 33401 Addition ☐ Delete TITLE TITLE NAME DIAZ, CHARLES M NAME STREET ADDRESS STREET ADDRESS 100 S. DIXIE HWY., STE. 201 312 CLEMATIS ST., SUITE 306 CITY-ST-ZIP WEST PALM BEACH, FL 33401 CITY-ST-ZIP WEST PALM BEACH FL Addition ☐ Delete — TITLE. TITLE NAME PHILLIP HALE NAME STREET ADDRESS STREET ADDRESS 312 CLEMATIS ST., SUITE 306 CITY-ST-ZIP CITY-\$T-ZIP WEST PALM BEACH, FL 33401 ☐ Delete TITLE TITLE VT NAME NAME PETER WALZ STREET ADDRESS STREET ADDRESS 312 CLEMATIS ST., SUITE 306 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH, FL 33401 TITLE ☐ Delete 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 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 expowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #