2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000107946 May 05, 2000 8:00 am Secretary of State 1. Entity Name RON HUGHES, P.A. 05-05-2000 90092 023 ***150.00 Principal Place of Business Mailing Address 1701 HWY A1A 1701 HWY A1A STE 220 veno BEACH FL 32963 VERO BEACH FL 32963-2206 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0889789 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HATCH, IRA C Street Address (P.O. Box Number is Not Acceptable) 1701 HWY A1A, SUITE 220 VERO BEACH FL 32963 Zip Code

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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Addition Change ☐ Delete TITLE HUGHES, RONALD NAME 1701 HWY A1A #220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32963 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE HUGHES, RONALD NAME NAME 1701 HWY A1A #220 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32963 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition TITLE NAME

(NOTE: Registered Agent signature required when reinstating)

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.

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

SIGNATURE REQUIRER MALE HUGHES
SIGNATURE FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/2000

DATE

561-231-1270.