## FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **P99000004113** 1. Entity Name BOYNTON MOBILE VILLAGE, INC. 04-26-2001 90096 042 \*\*\*150.00 Principal Place of Business Mailing Address 1801 NE 4TH STREET-5 1801 NE 4TH STREET-5 SUITE 200 SUITE 200 C0052043 BOYNTON BEACH FL 33432 BOYNTON BEACH FL 33432 2. Principal Place of Business 3. Mailing Address 2840 NW Bora Raton Blud Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Sinte 101 City & State City & State Applied For 4. FEI Number 65-0889332 Raton Not Applicable Country Zip Country \$8.75 Additional 33431 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPILLANE, MARK 2840 NW BOCA Lorton Blud Street Add 1801 NE 4TH STREET-5 But 101 BOYNTON BEACH FL 33432 BACA ROLON FL 33431 8. The above name fentity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida nllane. SIGNATURE 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, 2001 Fee will be \$550.00 П Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete Change Addition NAME SPILLANE, MARK NAME 2840 NW BOCA RATON BUD SWITE STREET ADDRESS 1801-NE-4TH-STREET SUITE 200-STREET ADDRESS CITY-ST-ZIP BOCK RATION, FL CITY - ST - ZIP 33431 **BOYNTON BEACH FL 33432** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C!TY-ST-ZIP TITLE ☐ Delete TT: F Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHY-ST-7P

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 attachmer

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARKD. SPILLANG

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