2001 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2001 8:00 am Secretary of State DOCUMENT # P99000014732 1. Entity Name J. POLLACK & COMPANY, INC. 04-24-2001 90296 023 ***158.75 Mailing Address Principal Place of Business 703 S 11TH STREET 703 S 11TH STREET LAKE WORTH FL 33462 LAKE WORTH FL 33462 2. Principal Place of Business 3. Mailing Address 1835 COLONY LAKE DRIVÉ 835 COLONY LAKE DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0895525 boynton-Beach Not Applicable BOYNTON-BEACH \$8.75 Additional Zip 5. Certificate of Status Desired PALM BEACH Fee Required DAIM REACH 33436 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent POLLACK, JASON S Street Address (P.O. Box Number is Not Acceptable) 703 S 11TH STREET LAKE WORTH FL 33462 Zip Code City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered age 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, 2001 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. Change ☐ Addition PSTD ☐ Delete TITLE TITLE POLLACK, JASON S. 7835 COLONY LAKE DRIVE BOYNTON BEACH, FL POLLACK, JASON S NAME NAME 703 S. 11TH STREET STREET ADDRESS STREET ADDRESS 33436 CITY-ST-ZIP CITY-ST-ZIP LAKE WORTH FL 33462 ☐ Addition ☐ Change ☐ 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-7IP ☐ Addition ☐ Change ☐ Delete TITLE 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 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 directory of the corporation or the receiver or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 is changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

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