2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachmen

SIGNATURE:

DOCUMENT # P99000015738 May 24, 2000 8:00 am Secretary of State BROTHERS II RECOVERY INC. 05-24-2000 90166 001 ***150.00 Principal Place of Business Mailing Address P.O. BOX 510802 P.O. BOX 510802 MELBOURNE BEACH FL 32951 MELBOURNE BEACH FL 32951-0802 2. Principal Place of Business 1220 E. Prospect Ave. 3. Mailing Address 1220 E. Prospect Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite #212 City & State City & State 4. FEI Number Applied For 59-360*34a*a FloridA FloridA Melbourne Melhourne Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32901 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LADREW, DAVID Street Address (P.O. Box Number is Not Acceptable) 205 RIVERWALK DR. **MELBOURNE BEACH FL 32951** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 TITLE TITLE □ Delete DAVID LA Drew NAME NAME 205 RiverWAlk Drive STREET ADDRESS STREET ADDRESS Melbourne, Florida, 32951 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete William Benjamin LADrew NAME NAME 139 SAN JUAN Circle STREET ADDRESS STREET ADDRESS Melbourne, Florida, 32935 CITY-ST-ZIP CITY-ST-ZIP T/S DeborAh LA Drew Addition TITLE Delete_ TITLE, NAME NAME 205 RiverWalk Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP melbourne, Florida, 32951 ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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 of the corporation or the receiver of the corporation of the receiver of the corporation of the receiver of the receive

Hpril 21, 2000