2001 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2001 8:00 am DOCUMENT # P99000016563 **Secretary of State** 1. Entity Name S&K INVESTMENT GROUP INC. 02-21-2001 90011 012 ***150.00 Principal Place of Business Mailing Address 560 VILLAGE BLVD. SUITE 315 560 VILLAGE BLVD. SUITE 315 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 3. Mailing Address 10115 FOREST HILL BLVD 2. Principal Place of Business 10/15 FOREST HILL BLVD Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0899016 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HERBST, SETH Street Address (P.O. Box Number is Not Acceptable) 560 VILLAGE BLVD, SUITE 315 WEST PALM BEACH FL 33409 City WEllington 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 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 11. OFFICERS AND DIRECTORS 12. Change Addition TITLE ☐ Delete TITLE HERBST, SETH NAME NAME 10115 FORESTHILL BLUD WELLINGTON FL 33414 560 VILLAGE BLVD, SUITE 315 STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33409 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 empowered.

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR