2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # **P99000020433** FLORIDA ARCHITECTURE & DESIGN, INC. 05-08-2000 90187 002 ***150.00 Principal Place of Business Mailing Address 1001 US HIGHWAY ONE, SUITE 402 1001 US HIGHWAY ONE. SUITE 402 しししてませいしし JUPITER FL 33477-4406 HIPITER FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 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 COATES, MARION E Street Address (P.O. Box Number is Not Acceptable) 1050 OLD DIXIE HIGHWAY LAKE PARK FL 33403 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 . DATE 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, 2000 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 CR2E034 (9/99 Delete TITI F ☐ Change TITLE COATES, MARION E NAME MAME STREET ADDRESS STREET ADDRESS 1050 OLD DIXIE HIGHWAY CITY-ST-ZIP CITY-ST-ZIE LAKE PARK FL 33403 ☐ Addition ☐ Channe Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change \ ☐ Delete TITLE Addition

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 attach metal true an address, with all other like empowered.

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: >

TITLE

TITLE

NAME

STREET ADDRESS

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CITY-ST-ZIP

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MARION E. COMES

☐ Delete

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Addition