2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 03, 2001 8:00 am Secretary of State DOCUMENT # P99000023550 VAN VECHTEN & COMPANY, INC. 04-03-2001 90056 033 ***150.00 Principal Place of Business Mailing Address 2575 SOUTH OCEAN BLVD., SUITE 106 2575 SOUTH OCEAN BLVD., SUITE 106 938414 BOCA RATON FL 33487 **BOCA RATON FL 33487** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0905483 Not Applicable -Zip Country Zip · 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 VECHTEN, JAY VAN Street Address (P.O. Box Number is Not Acceptable) 2575 SOUTH OCEAN BLVD., SUITE 106 **BOCA RATON FL 33487** City 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, typed or printed name of registered agent and (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 CR2E034 (10/00) **PVPT** ☐ Delete TITLE TITLE NAME VECHTEN, JAY VAN NAME STREET ADDRESS STREET ADDRESS 2575 SOUTH OCEAN BLVD., SUITE 106 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Change TITLE ☐ Delete TITLE NAME VECHTEN, JAY VAN NAME STREET ADDRESS STREET ADDRESS 2575 SOUTH OCEAN BLVD., SUITE 106 CITY-ST-ZIP CTTY+ST-ZIP BOCA RATON FL 33487 □ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE 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 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 any address, with all other like empowered.

JAY VAN VECHTEN

3/27/0 J