CR2E034 (9/99)

2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P99000028590** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name F & L SERVICE CENTER, INC. 04-25-2000 90019 018 ***150.00 Principal Place of Business Mailing Address 214 BARNETT DRIVE #18 .714-BARNETT DRIVE #18 LAKE_WORTH-FL-33461-3303 LAKE-WORTH FL 33461 2. Principal Place of Business 3. Mailing Address 0160 C 0166 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 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 Name - GORPORATION SERVICE COMPANY mber is Not -1201-HAYS-STREET -Tallahassee-fl-82301-2525 City gistered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of changing its SIGNATURE/ NOTE: Registered Agent signature required when reinstating 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition TITLE Divecto Change TITLE CALL, FRANK-NAME NAME STREET ADDRESS STREET ADDRESS 707-SE-SRD-STREET CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33435 Change ☐ Addition TITLE TITLE 1160 CALL LUANN NAME NAME 707 SE 3RD STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP BOYNTON BEACH: FL-33435 ☐ Change ☐ Addition = 🔲 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-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE

13. Thereby certify that the information supplied with this filing does not quality 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 George D. Vreetand

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP

R DIRECTOR

20166 Ocean Key Drive Boca Raton, FL 33498

DIRECTOR