2000 UNIFORM BUSI	NESS REPOR	IT (UBR)		
DÖČUMENT # P 9900036557				
PRODUCTION READY, INC.			FILED	
Principal Place of Business Mailing Address		00 SEP 20 AM 10: 05		
Principal Place of Business 16892NW 169 Street Unit E	Mailing Address 6892 NW UNITE NUAMU, F	169 Strit	SECRETARY OF STATE TALLAHASSEE FLORIDA	
Miami, 21 33015	Ni Ami, F	L 3305		
2. Principal Place of Business	3. Mailing Address	٠		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State	City & State		4. FEI Number 0966899 Applied Not App	
Zip Country	Zip	Country	5. Certificate of Status Desired	1. 04
6. Name and Address of Current	Registered Agent		7. Name and Address of New Registered Agent	
FREEMAN FRAN	K _ ·		GER HARRISON	
11645 BISCAYNE	BLVD	Street Address ((P.O. Box Number is Not Acceptable) LSCAND DR-UIM	101
suite 210	_	Will	IAMS FSLAND	
MIAMI, FL 33			IAMI FL 23/3/6	0
8. The above named entity submits this statement for	the purpose of changing its req	gistered office or register	red agent, or both, in the State of Florida.	
SIGNATURE Signature, typed or printed part of registered agent a	and trile if applicable. (NOTE: Re	egistered Agent signature required	d when reinstating) DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	The first and the state of the	FEE IS \$150.00 Fee will be \$550.00 to Department of Sta		
11. OFFICERS AND	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
	SNA, Delete	TITLE DA	-1-4-1-5-1-5 NO/REC 5/00 = -	Addition 56/6)
STREET ADDRESS 6842 NW16134 E	(2500)	STREET ADDRESS CITY-ST-ZIP	JAMI BEACK, PC 33140	noitibby (9/99)
TITLE IN LITTURE TO SOL	Delete	TITLE 124 DE		Addition &
NAME STREET ADDRESS		NAME STREET ADDRESS	SEN HITARISON DA VILLA 101	
CITY-ST-ZIP		CITY-ST-ZIP	CLAMS TO LAND N. HIAM, TU	Allein
TITLE NAME	☐ Delete	TITLE NAME	_ Change _	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE	☐ Delete	TITLE	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP	****\$50.00 ****\$50.0	0
TITLE	☐ Delete	TITLE NAME	☐ Change ☐	Addition
NAME STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	☐ Delete	TITLE .	Change C	Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	KE	
I hereby certify that the information supplied with indicated on this report or supplemental report is of the corporation or the receiver or trustee empt.	true and accurate and that my wered to execute this report as	eignatifice chair have the	ection 119.07(3)(i), Florida Statutes. I further certify that the inform same legal effect as if made under oath; that I am an officer or dir. Florida Statutes; and that my name appears in Block 11 or Block	COLO:
changed, or on an attachment with an address, v	viin all other like empowered.	Sales.	8/16/2000 (20C) 7/1-74	74
SIGNATURE: SIGNATURE AND TYPED OR P	PRITED NAME OF SIGNING OFFICER OR	DIRECTOR	Date Daytine Phone #	