2001 UNIFORM BUSINESS REPORT (UBR) Apr 19, 2001 8:00 am Secretary of State DOCUMENT# P99000037063 WITHOUT A DOUBT, INC. 04-19-2001 90059 013 ***150.00 Principal Place of Business Mailing Address clo biberan i Bittarro, hig. 2999 F Commercial-Bud. C0048988 Flavourdale, A 33308 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0917720 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Deborah L. Bizzarro Street Address (P.O. Box Number is Not Acceptable) 2929 E. Commercial Blvd. PH-C Fort Lauderdale, FL Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. ----FILE-NOW!!!-FEE IS-\$150:00 ---9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. 11. OFFICERS AND DIRECTORS X Change Addition President/Dir/Sec Director/Sec/Treas X Delete TITLE TITLE NAME Allen T. Hunt, Jr. MAME Julie S.-Hunt SOI QUEER STREET STREET ADDRESS STREET ADDRESS 800 Enfield Street CITY-ST-ZIP . QUP 4000 CITY-ST-7IP BRISBANE Boca Raton FL 33487 ☐ Change Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP. Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change | ☐ Addition TITLE TITLE 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. 617.3832 580L

INTES NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

SIGNATURE AND TX ED OR F