2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am DOCUMENT # P99000038484 Secretary of State LANDIS & LOCKE, INC. 03-20-2000 90093 011 ***150.00 Mailing Address Principal Place of Business 8800 SOUTH OCEAN DRIVE #505 8800 SOUTH OCEAN DRIVE #505 JENSEN BEACH FL 34967 JENSEN BEACH FL 34957-2145 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0927056 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name DAVIS, GEORGE H Street Address (P.O. Box Number is Not Acceptable) 8800 SOUTH OCEAN DRIVE #505 JENSEN BEACH FL 34957 Zip Code FI 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE Delete TITLE DAVIS. GEORGE H NAME NAME STREET ADDRESS 8800 SOUTH OCEAN DRIVE #505 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 Change ☐ Addition TITLE ☐ Delete CORCORAN, CHRISTINE F NAME STREET ADDRESS STREET ADDRESS 8800 SOUTH OCEAN DRIVE #505 CITY-ST-ZIP CITY-ST-ZIP JENSEN BEACH FL 34957 [] Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition Delete

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.

NAME

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TITLE NAME

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SIGNATURE

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TITLE

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TITLE NAME

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

SIGNAPORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GEORGE H. DAVIS

3-11-0

261-229-8003

[7] Change

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