2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900038877 Jan 28, 2000 8:00 am **Secretary of State** E.H. UNLIMITED, INC. 01-28-2000 90136 036 ***150.00 Principal Place of Business Mailing Address 8603 N.W. 35 STREET 8603 N.W. 35 STREET CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065-4351 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State Not Applicable Zip Country 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 HALL, ERIC Street Address (P.O. Box Number is Not Acceptable) 8603 N.W. 35 STREET CORAL SPRINGS FL 33065 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 Signature, typed or printed name of registered agent and title if applicable. (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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME HALL. ERIC STREET ADDRESS STREET ADDRESS 8603 N.W. 35 STREET CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 Change ☐ Addition □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete DILE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP