2000 UNIFORM BUSINESS REPORT (UBR)

Apr 27, 2000 8:00 am Secretary of State DOCUMENT # **P99000040291** BOYD & POWERS, INC. 04-27-2000 90080 045 ***150.00 Principal Place of Business Mailing Address 1650 NE 26TH STREET, SUITE 203 1650 NE 26TH STREET, SUITE 203 FT. LAUDERDALE FL 33305-1431 FT. LAUDERDALE FL 33305 2. Principal Place of Business Mailing Address PROGRESSO DRIVE PROGRESSO DO NOT WRITE IN THIS SPACE Applied For Not Applicable Country USA-\$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MICHAEL POWERS POWERS, MICHAEL 1650 NE 26TH STREET, SUITE 203 FT. LAUDERDALE FL 33305 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 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (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 TITLE ☐ Defete NAME POWERS, MICHAEL NAME 901 PROGRESSO DRIVE, 3±6.U-8 FORT LANDERPOLE, FL 33304 STREET ADDRESS 1650 NE 26TH STREET, STE 203 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33305 TITLE Delete TITLE NAME BOYD, KEVIN NAME 901 PROGRESSO DRIVE, STE. U.S STREET ADDRESS STREET ADDRESS 5 COVENTRY WAY FORT LAUDERDACE, FL 33304 CITY-ST-7IP WILTON MANORS FL 33305 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Channe ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

STREET ADDRESS

CITY-ST-7IP