2000 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **P99000045693** BALDOVIN, SARAGA & LIPSHY, P.A. 04-25-2000 90148 034 ***150.00 Mailing Address Principal Place of Business 201 NORTHEAST 1ST AVE. 201 NORTHEAST 1ST AVE. DELRAY BEACH FL 33444-3714 DELRAY BEACH FL 33444 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0919781 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BALDOVIN, CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City BEACH 33444 DELLAY 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 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 11. 12. Addition Change Delete TITLE BALDOVIN, PAUL A JR. BALDOVIN, PAUL A. JA NAME , NE BAST AVE 201 NORTHEAST 1ST AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DELRAY BEACH FL 33444 CITY-ST-ZIP D/F//S SARAGA, ROBERT S ☐ Delete TITLE TITLE NAME NAME 201 NORTHEAST 1ST AVE. STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33444 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete LIPSHY, BRIAN LOUIS NAME 201 NORTHEAST 1ST AVE. STREET ADDRESS STREET ADDRESS CITY-ST-7IP DELRAY BEACH FL 33444 CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7/P

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR