2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # P9900053069 May 07, 2000 8:00 am Secretary of State LOQUAT MANAGEMENT CO., INC. 05-07-2000 90019 034 ***150.00 Principal Place of Business Mailing Address 51 GARDEN COVE DRIVE 51 GARDEN COVE DRIVE KEY LARGO FL 33037 KEY LARGO FL 33037-5005 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLATE, SPENCER Street Address (P.O. Box Number is Not Acceptable) 51 GARDEN COVE DRIVE KEY LARGO FL 33037 Zip Code FL 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 DATE 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 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 ☐ Delete TITLE TITLE D NAME NAME SLATE, SPENCER STREET ADDRESS STREET ADDRESS 51 GARDEN COVE DRIVE CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Addition ☐ Delete Change TITLE GEORGE A. YAtes NAME NAME 11714 SW 135 PACE STREET ADDRESS STREET ADDRESS miami FI CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE DEBORAH S YATES NAME NAME 11714 SW 135 Place STREET ADDRESS STREET ADDRESS MIAMI EL 33186 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP sk703 ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 laddress, with all other like empowered.