2001 UNIFORM BUSINESS REPORT (UBR) FILED May 10, 2001 8:00 am DOCUMENT # P9900053101 Secretary of State Butner & Kahle, CPA's, P.A. 05-10-2001 90129 049 \*\*\*150.00 Principal Place of Business Mailing Address 1501 Presidential Way Suite 16 A0062952 West Palm Beach, FL 33401 2. Principal Place of Business 3. Mailing Address 1501 Presidential Way Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For West Palm Beach, FL 65-0926913 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33401 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Nama Harris, J. Richard Street Address (P.O. Box Number is Not Acceptable) 4400 PGA Blvd., Ste 800 Palm Beach Gardens, FL 33410 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 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, 2001 Fee will be \$550.00 2 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Director/SEcretary/Treasurer ☐ Addition TITLE ☐ Delete TITLE Director \* ... NAME NAME Butner, Narda Butner, Narda STREET ADDRESS STREET ADDRESS 777 S. Flagler Dr., Ste 650 777 S. Flagler Dr., Ste 650 CITY-ST-ZIP CITY-ST-ZIP WEST Palm Beach, FL 33401 Change West Palm Beach, FL 33491. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F ☐ Delete Director/President Change ☐ Addition Director NAME \_\_\_ NAME Kahle; -Craig U-Kahle, Craig U. ---STREET ADDRESS STREET ADDRESS 1501 Presidential Way, Ste 16 777 S. Flagler Dr., Ste 650 CITY-ST-ZIP CITY-ST-ZIP WEst PalmBeach, FL WEst Palm Beach. TITLE TITLE Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME 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 studed 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 attackment with an address, with all other like empowered. 561-689-1220 April 26, 2001 SIGNATURE: SCHOOL AND THE ON PRINTED HAME OF SIGNING OFFICER OR DIRECTOR Dayume Phone #