2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000055286** Apr 10, 2000 8:00 am Secretary of State R.C.A. SOUTHEAST, INC. 04-10-2000 90011 025 ***150.00 Principal Place of Business Mailing Address 181 CRANFORD BLVD 181 CRANFORD BLVD **BOCA RATON FL 33432 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 22-3662869 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent" Lee Burke DREYER, DAVID E Street Address (P.O. Box Number is Not Acceptable) 505 SOUTH FLAGLER DR. SUITE 1100 WEST PALM BEACH FL 33401-3475 Boca Raton 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. 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD Addition CR2E034 (9/99 ☐ Change TITI F TITLE ☐ Delete HENRY, JAMES NAME NAME STREET ADDRESS 181 CRANFORD BLVD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-7IP ☐ Addition ☐ Change ☐ Delete TITLE BURKE, LEE NAME NAME 181 CRANFORD BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** ☐ Delete ☐ Change Addition TITLE SKOWRONSKI, JOSEPH NAME NAME STREET ADDRESS 181 CRANFORD BLVD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33432** CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE Delete HARTMANN, THOMAS NAME NAME 181 CRANFORD BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33432** Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

(561) 392 - 8888 Daytime Phone #