2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 18, 2000 8:00 am Secretary of State DOCUMENT # P99000069238 NORWOOD SECURITIES INC. 01-18-2000 90021 009 ***158.75 Mailing Address Principal Place of Business 2213 E ATLANTIC BLVD 2213 E ATLANTIC BLVD POMPANO BEACH FL 33062-5209 POMPANO BEACH FL YUU642 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State **0938106** Not Applied Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DUNNING ROGER BRUCE, URSULA Street Address (P.O. Box Number is Not Acceptable) ATLANTIC BLVD 2213 E ATLANTIC BLVD POMPANO BEACH FL POMPANO BEACH Zip Code FL 33062-5209 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 DUNNINE einstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Delete TITLE ☐ Change PD TREASURED TITLE NAME NAME BRUCE, URSULA STREET ADDRESS STREET ADDRESS 2213 E ATLANTIC BLVD CITY-ST-ZIP CITY-ST-ZIP POMPANO-BEACH EL ☐ Change TITLE TREASURER ☐ Delete TITLE NAME NAME MARTIN LEWIS STREET ADDRESS ATLANTIC BLVD STREET ADDRESS 2213 E ATLANTIC BLUD CITY-ST-ZIP -CITY-ST-ZIP POMPANO BEACH FL BEACH-FL ☐ Change ☐ Delete TITLE TITLE ROGER DUNNING NAME NAME BLUD 2213 E ATLANTIC 1213 E ATLANTIC BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Pampano BENCH CITY-ST-7IP POMPANO BEACH FL _____ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Channe TITLE NAME STREET ADDRESS 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

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

JAN 4 2000

954 564-1915

Daytime Phone #

☐ Change

Addition