2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # **P99000079472** 1. Entity Name 05-16-2001 90052 011 ***150.00 FOX HILL REALTY, INC. Principal Place of Business Mailing Address 7947 YORKSHIRE COURT 7947 YORKSHIRE COURT **BOCA RATON FL 33496 BOCA RATON FL 33496** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0947636 Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RUDNICK, L. WILLIAM Street Address (P.O. Box Number is Not Acceptable) 7947 YORKSHIRE COURT **BOCA RATON FL 33496** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ■ Addition ☐ Delete ☐ Change NAME RUDNICK, L. WILLIAM NAME STREET ADDRESS 7947 YORKSHIRE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P BOCA RATON FL 33496 TITLE ☐ Delete TITLE Change ☐ Addition NAME RUDNICK, SAUNDRA NAME STREET ADDRESS 7947 YORKSHIRE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33496 □ Delete TITLE Change Addition NAME KIMMELMAN, KURT M NAME STREET ADDRESS STREET ADDRESS 1048 PARK AVENUE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE ☐ Change ☐ Delete TITLE ... Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS

3. 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 export 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 frustee 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 expowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SMATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

-W. Kuppick 4-30-0 56/-417-2171

FILED