2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State DOCUMENT # **P99000079539** ODYSSEUS INVESTMENT GROUP, INC. 04-24-2001 90304 038 ***150.00 Principal Place of Business Mailing Address 7591 NW 3 CT 7591 NW 3 CT PLANTATION FL 33317 PLANTATION FL 33317 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0950886 Not Applicable \$8.75 Additional Country 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 GIGNAC, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 7591 NW 3 CT PLANTATION FL 33317 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 This corporation is eligible to satisfy its Intangible 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition PD ☐ Delete TITLE TITLE DURAN, LAWRENCE S NAME NAME STREET ADDRESS STREET ADDRESS 7943 NW 2ND STREET CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33126 ☐ Addition ☐ Change TITLE VPD ☐ Delete TITLE NAME GIGNAC, DOUGLAS NAME STREET ADDRESS 7591 NW 3RD COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANTATION FL 33317 ☐ Addition TITLE Change TD ☐ Delete TITLE GIGNAC, DOUGLAS NAME NAME STREET ADDRESS STREET ADDRESS 7591 NW 3RD COURT CITY-ST-7IP CITY-ST-7IP PLANTATION FL 33317 ☐ Change M Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLÉ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 address, with all other like empowered.

| On the corporation of the receiver of induced empowered to execute this report as required by chapter 60%, Florida Statutes, and that my make appears in Block 12 changed, or on an attachment with an address, with all other like empowered.

| On the corporation of the receiver of induced empowered to execute this report as required by chapter 60%, Florida Statutes, and that my make appears in Block 12 changed.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Onto

959/ /7/ 100