## 2001 UNIFORM BUSINESS'REPORT (UBR)

## Apr 28, 2001 8:00 am Secretary of State DOCUMENT # P99000084532 04-28-2001 90034 034 \*\*\*150.00 CONDOMINIUM CONSULTING, INC. Principal Place of Business Mailing Address 3400 N OCEAN DR #107 3400 N OCEAN DR #107 751100 SINGER ISLAND FL 33404 SINGER ISLAND FL 33404 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 65-1088963ED FOR City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CONWAY, RICHARD W Street Address (P.O. Box Number is Not Acceptable) 3400 N OCEAN DRIVE #107 SINGER ISLAND FL 33434 City Zip Code amed entity submits that statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The abd **SIGNATURE** (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 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See critería on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** CR2E034 (10/00) Addition ☐ Delete ☐ Change TITLE TITLE CONWAY, RICHARD W NAME NAME STREET ADDRESS 3400 N OCEAN DR #107 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP SINGER ISLAND FL 33404 Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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 attack must not address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF OR DIRECTOR