2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000086274 Mar 03, 2000 8:00 am **Secretary of State** HO 200, INC. 03-03-2000 90137 001 ***952.50 Principal Place of Business Mailing Address 215 FIFTH STREET #108 215 FIFTH STREET #108 WEST PALM BEACH FL 33401-4026 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address 2000 N. Floring Mango Rd Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0982751 Not Applicable Country Zip \$8.75 Additional Country 5. Certificate of Status Desired $\Delta U \Delta$ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WOLMER, BRENT G Street Address (P.O. Box Number is Not Acceptable) 712 U.S. HIGHWAY ONE SUITE 400 **NORTH PALM BEACH FL 33408** Zip Code City 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 9. 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President ☐ Delete TITLE LIND D HEATON 2000 N. Florida Mango Rd #200 NAME NAME STREET ADDRESS STREET ADDRESS WPAIN Beach 28 33409 CITY-ST-ZIP CITY-ST-ZIP VICE Pres ☐ Change Addition Delete TITLE Lee w Heaton NAME NAME 2000 N. FLORIDA MANGORD # 200 STREET ADDRESS STREET ADDRESS W PAlm Beach 2l 33409 CITY-ST-ZIP CITY-ST-ZIP Vice Pres/Sect /Treas ☐ Change Addition ☐ Delete TITLE TITLE Deborah A. Dentry 2000 N. Flucion Mango Rd. # 200 NAME STREET ADDRESS STREET ADDRESS 33409 CITY-ST-ZIP CITY-ST-ZIP WPAIM Beach 71 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 eath; 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

TITLE

NAME

STREET ADDRESS

Heaton

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition