2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am § Secretary of State P99000093856 DOCUMENT # 1. Entity Name 05-16-2002 90039 024 ***150.00 F DE MONT, INC. Principal Place of Business Mailing Address 7809 W. COMMERCIAL BLVD. 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351 TAMARAC FL 33351 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 65-1011619 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PANKER, FREDERIC M Street Address (P.O. Box Number is Not Acceptable) 7809 W. COMMERCIAL BLVD. TAMARAC FL 33351 City 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 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, 2002 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 CR2E034 (9/01) TITLE □ Delete TITLE Change PANKER, ELEANUR PANKER, ELEANOR NAME NAME 2903 VICTORIA CIRCLE 7809 W. COMMERCIAL BLUD STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33066** CITY-ST-7IP CITY-ST-ZIP TAMARAC FL 33351 Change TITLE ☐ Delete PANKER, FREDERIC M. ACTOR 7409 W. CONNERCIAL BLUD PANKER, FREDERIC M NAME NAME 2903 VICTORIA CIRCLE STREET ADDRESS STREET ADDRESS COCONUT CREEK FL 33066 CITY-ST-ZIP CITY-ST-ZIP -- Delete TIŤLĒ ☐ Change ☐ 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 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE:

PERGOERIC MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

FILED

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 accorde 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 of 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