FILED 2000 UNIFORM BUSINESS REPORT (UBR) Aug 23, 2000 8:00 am Secretary of State DOCUMENT # P99000095814 TIMOTHY G. HARDING, INC. 08-23-2000 90030 034 ***150.00 Mailing Address Principal Place of Business 3355 PINEWALK DR N 3355 PINEWALK DR N APT 102 APT 102 A0074239 MARGATE FL 33063 MARGATE FL 33063 2. Principal Place of Business 3. Mailing Address 4141 NW 41000 4141 NW 41 Oc Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 96 142 3 City & State City & State Applied For Ocent Creak oconst Not Applicable Zip ____ 33673 \$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 HARDING, TIMOTHY G Street Address (P.O. Box Number is Not Acceptable) 3355 PINEWALK DR N APT 102 MARGATE FL 33063 Zip Code City 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) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Defete TITLE Tinothy 6 Harding NAME NAME STREET ADDRESS STREET ADDRESS Croell 33073 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete --TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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.

DOC # HOO 000095814

4141 NW 41 DR
Coconut Creek FI 33073

POUT 4225

Timothy G Harding Inc.

August 21, 2000

Division of Corporations Uniform Business Report Filings PO Box 1500 Tallahassee FI 32302-1500

Dear Sir or Madam:

I am enclosing my check in the amount of \$150.00 for the filing of my 2000 Uniform Business Report since I never received the first notice for filing nor did my accountant.

Sincerely,

Timothy S. Warding

President

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