2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000105625** WHITELEAF, INC. 04-19-2000 90005 023 ***150.00 Principal Place of Business Mailing Address 1595 SE PORT ST LUCIE BLVD 1595 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34952 PORT ST LUCIE FL 34952 2. Principal Place of Business 3. Mailing Address 57 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For FL <u>65-</u>0968383 EACH Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32960 Fee Required U.S. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FARELL, RICHEY L ESQ Street Address (P.O. Box Number is Not Acceptable) 1595 SE PORT ST LUCIE BLVD PORT ST LUCIE FL 34952 Zip Code 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, 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 12. 11. ☐ Addition Delete TITLE TITLE OGINZ, STANLEY NAME NAME ORINZ, STANLEY 3650 MOUNINGBIRD DRIVE STREET ADDRESS STREET ADDRESS 3650 MOCKINGBIRD DRIVE CITY-ST-ZIP NERO BEACH, FL 32963 CITY-ST-ZIP vero Beach FL 32963 Change Addition ☐ Delete TITLE WARNER, DAVID 5203 DEER RUN DRIVE FT RERCE FIZ 34951 NAME STREET ADDRESS STREET ADDRESS CHY ST ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TIT! E ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

NAME

GRATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/2000 561 569 6039

☐ Change

☐ Addition