2000 UNIFORM BUSINESS REPORT (UBR)

Feb 22, 2000 8:00 am DOCUMENT # **P99000105878 Secretary of State** SUNSEEKER HOLDINGS, INC. 02-22-2000 90051 005 ***150 00 Mailing Address Principal Place of Business 2175 NORTH ANDREWS AVENUE 2175 NORTH ANDREWS AVENUE 813946 **EXTENSION. UNIT 7** EXTENSION, UNIT 7 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0966350 Not Applicab Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BRINKLEY, W. MICHAEL Street Address (P.O. Box Number is Not Acceptable) 200 EAST LAS OLAS BLVD. **SUITE 1800** FT LAUDERDALE FL 33301 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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, Secretary Change Addition Addition ☐ Delete TITI F TITLE BRINKLEY, W. MICHAEL NAME Brinkley, W. Michael STREET ADDRESS STREET ADDRESS 200 EAST LAS OLAS BLVD. SUITE 1800 200 E. Las Olas Blvd., Suite 1800 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 Fort Lauderdale, FL 33301 Change Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Addition □ Delete TITLE NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Additic ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Additic TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: Which the Strukting Dis 954-522-2200

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Date Date Date Day Inter Proce #

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