2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 07, 2000 8:00 am DOCUMENT # **P99000107535** Secretary of State 1. Entity Name BOFUS CREATIVE ENTERPRISES, INC. 06-07-2000 90431 026 ***150 00 Mailing Address Principal Place of Business 7601 CLARKE RD. 7601 CLARKE RD. WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 2. Principal Place of Business 3. Mailing Address 7601 Clarke Rð DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. \$ FEI, Number - 09 3444 City & State Applied For Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -MIESSAU, RICHARD R II Street Address (P.O. Box Number is Not Acceptable) 7601 CLARKE RD. WEST PALM BEACH FL 33406 Zip Code ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida The above named SIGNATURE (NOTE: Registered Agent signature required when reinstating) e, 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees W Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS Sr. Vice President Robert T. Brown III Change Addition ☐ Delete TITLE TITLE NAME NAME 7549 Clarke R& West Palm Beach, FL 33406 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ✓ Addition ☐ Delete TITLE TITLE Richard Rimiessau II NAME NAME 7001 Clarke R& STREET ADDRESS STREET ADDRESS westfalm Bch, FL38406 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME 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 all other like empowered. changed, or on an attachm an address

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR