2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P99000110997** May 22, 2000 8:00 am Secretary of State 1. Entity Name BRANMARIS, INC. 05-22-2000 90057 032 ***150.00 Mailing Address Principal Place of Business 2705 SE RANCH ACRES CIRCLE 2705 SE RANCH ACRES CIRCLE JUPITER FL 33478 JUPITER FL 33478 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0969403 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PHYLLIS π WITT, PHYLLIS Number is Not Acceptable) E. RANCH ACRES CIRCLE MCHALE & SLAVIN 4440 PGA BLVD. PALM BEACH GARDENS FL 33410 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. NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change Addition Delete TITLE WITT, PHYLLIS NAME NAME 2705 SE RANCH ACRES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JUPITER FL 33478 ☐ Addition ☐ Change ☐ Delete TITLE TITLE WITT, LAWRENCE NAME NAME 2705 SE RANCH ACRES CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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.

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-00

Daytime Phone #