2000 UNIFORM BUSINESS REPORT (UBR) FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # S07102** 1. Entity Name SCOTT STRAWBRIDGE, INC. 05-15-2000 90171 006 ***150.00 Mailing Address Principal Place of Business 508 S ANDREWS AVE 508 S ANDREWS AVE FORT LAUDERDALE FL 33301-2832 FORT LAUDERDALE FL 33301 US 3. Mailing Address 2. Principal Place of Business 2031 WILTON DRIVE 2031 WILTON DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Swite SUITE Applied For 4. FEI Number 65-0224560 MANDRS, Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent STRAWBRIDGE, SCOTT Street Address (P.O. Box Number is Not Acceptable) 1400 CORAL RIDGE DR FT LAUDERDALE FL 33304 Zip Code FL 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change Addition ☐ Delete TITLE TITLE STRAWBRIDGE, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 1400 CORAL RIDGE DR CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33304 Change ☐ Addition ☐ Delete TITLE TITLE ROCK, GUY NAME NAME STREET ADDRESS 432 N.E. 21 CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WILTON MANORS FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

4/28/00

954-567-1388

Daytime Phone #