2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # \$23778** Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** RICHARD H. BOBBITT & ASSOCIATES INC. 03-24-2000 90071 048 ***150.00 Mailing Address Principal Place of Business 3885 NORTH FEDERAL HIGHWAY 3885 NORTH FEDERAL HIGHWAY SUITE 250 POMPANO BEACH FL 33064-6603 POMPANO BEACH FL 33064 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 65-0237844 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 JEFFERY Street Address (P.O. Box Number is Not Acceptable) 3895 North Feerm BOBBITT, RICHARD H. 3885 NORTH FEDERAL HIGHWAY Suite 250 SUITE 250 POMPANO BEACH FL 33064 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 FERY SCOTT SELL (NOTE: Registered Agent signature required when reinstating) JEFFERU FILE NOW!!! FEE (S \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete President ☐ Addition **PTD** TITI F TITLE NAME BOBBITT, RICHARD H. NAME 3005 N. Febern Huy Suite 250 STREET ADDRESS STREET ADDRESS 3885 NORTH FEDERAL HWY. CITY-ST-7IP CITY-ST-ZIP POMPANO BEACH FL Delete Change ☐ Addition TITLE TITLE NAME BOBBITT, JO ANN B. NAME STREET ADDRESS 3885 NORTH FEDERAL HWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME SELL, J. S. STREET ADDRESS STREET ADDRESS 3885 N FEDERAL HWY CITY-ST-ZIP CITY-ST-ZIP POMPANO BCH FL ☐ Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition 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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Delete

NAME

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SCOTT SELL 3-21-00

☐ Change

Addition