2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2000 8:00 am Secretary of State **DOCUMENT # S60774** 1. Entity Name BANWICKMEN OF BAY MINETTE, INC. 02-19-2000 90022 016 ***158.75 Principal Place of Business Mailing Address 2500 N.W. 55TH COURT 2500 N.W. 55TH COURT #210 FORT LAUDERDALE FL 33309-2675 FORT LAUDERDALE FL 33309 us US 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 65-0274429 Not A Country \$8.75 Additional 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 CORPORATION INFORMATION SERVICES; INC. ... Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET TALLAHASSEE FL 32301 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 11. OFFICERS AND DIRECTORS DST Change ☐ Addition TITLE TITLE ☐ Delete BANGERTER, PHILLIP W NAME NAME STREET ADDRESS 617 FIFTH KEY DR. STREET ADDRESS FT. LAUDERDALE FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE HICKMAN, RANDAL D NAME NAME 317 FIFTH KEY DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL CITY-ST-ZIP ☐ Change ☐ Additio. ☐ Delete TITLE WINN, GREGORY M. NAME STREET ADDRESS 617 5TH KEY DR. STREET ADDRESS CITY:ST:ZIP FT LAUDERDALE FL 33304 CITY-ST-ZIP ☐ Additio Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete TITLE Change Additio Additio TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Additio ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 impowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR