FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 02, 2000 8:00 am Secretary of State **DOCUMENT # \$62909** JAMES D. KNOWLES, INC. 03-02-2000 90080 014 ***150.00 Principal Place of Business Mailing Address 700 E ATLANTIC BLVD 700 E. ATLANTIC BLVD. 60029937 SUITE 102 POMPANO BEACH FL 33060 POMPANO BEACH FL 33060-6363 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 65-0275423 Not Applicable \$8.75 Additional Zip 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 Name KNOWLES, JAMES D. Street Address (P.O. Box Number is Not Acceptable) 96 S.W. 114TH TERRACE **CORAL SPRINGS FL 33071** 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 (NOTE: Registered Agent signature required when reinstating) 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 \$5.00 May Be 10. 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. ☐ Change ☐ Addition Defete TITLE KNOWLES, JAMES D. NAME STREET ADDRESS STREET ADDRESS 96 SW 114TH TERRACE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 Change ☐ Addition Delete TITLE TITLE NAME KNOWLES, JAMES D. NAME STREET ADDRESS STREET ADDRESS 96 SW 114TH TERRACE CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 \square 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-7IP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP of Jualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information and that my signalure shall have the same legal effect as if made under oath; that I am an officer or director this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied with this filing does indicated on this report or supplemental report is true and accomplished.

SIGNATURE:

of the corporation or the rece changed, or on an attachm