2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 17, 2002 8:00 am Secretary of State DOCUMENT # S63330 1. Entity Name PETER D. CUMMINGS & ASSOCIATES, INC. 02-17-2002 90090 021 ***150.00 Principal Place of Business Mailing Address 3399 PGA BLVD 3399 PGA BLVD DUCCOSUUD SUITE 450 SUITE 450 WEST PALM BEACH FL 33410 WEST PALM BEACH FL 33410 2. Principal Place of Business 3. Mailing Address Suite Apt # etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0271491 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent **CUMMINGS. PETER D** Street Address (P.O. Box Number is Not Acceptable) 3399 PGA BLVD SUITE 450 PALM BEACH GARDENS FL 33410 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Delete Addition Change Jeffrey S. Mooallem 3399 PGA Blvd, Suite 450 NAME CUMMINGS, KEITH L STREET ADDRESS 3399 PGA BLVD, SUITE 450 STREET ADDRESS Palm Beach Gardens, FL 33410 CITY-ST-ZIE PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition Betty M. English 3399 PGA Blvd., Suite 450 NAME CUMMINGS, PETER D. NAME STREET ADDRESS 3399 PGA BLVD, SUITE 450 STREET ADDRESS CITY-ST-ZIP Palm Beach Gardens, FL 33410 PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE **VP** ☐ Delete TITLE Change ☐ Addition NAME HAMMON, MICHEAL R NAME STREET ADDRESS STREET ADDRESS 3399 PGA BLVD, SUITE 450 CITY-ST-ZIP CITY-ST-7IP PALM BEACH GARDENS FL 33410 TITLE ☐ Delete TITLE Change ☐ Addition NAME GREANER, IVY NAME STREET ADDRESS 3399 PGA BLVD, SUITE 450 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE **VPAS** Delete [] Change ☐ Addition NAME ERIKSON, BEVERLY STREET ADDRESS 3399 PGA BLVD, SUITE 450 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change NAME DEAN, DAVID A NAME STREET ADDRESS 3399 PGA BLVD, SUITE 450

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 supplied ental point 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 a) other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

PALM BEACH GARDENS FL 33410

CITY-ST-7IP

DAVID A. DEAN

561-630-6110