2000 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # \$74105** 1. Entity Name PARKER AND GAMBLE REAL ESTATE, INC. 01-25-2000 90133 007 ***150.00 Mailing Address Principal Place of Business 2535 FOREST HILL BLVD 2535 FOREST HILL BLVD WEST PALM BEACH FL 33406-5928 WEST PALM BEACH FL 33406 B0005844 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. City & State Applied For City & State 4. FFI Number 65-0215218 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MR. JAMES F. MILLER ATTORNEY AT LAW Street Address (P.O. Box Number is Not Acceptable) C/OP WATTERSON, HYLANT, &KLETT, P.A. 4100 RCA BOULEVARD SUITE 100 PALM BEACH GARDENS FL 33410 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After_MAY_1, 2000 Fee_will be \$550.00 - Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, PTD Change Addition TITLE ☐ Delete GAMBLE, GEORGE NAME STREET ADDRESS 2535 FOREST HILL BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete ☐ Change ☐ Addition TITI È GAMBLE, JEAN NAME STREET ADDRESS 2535 FOREST HILL BLVD STREET ADDRESS CITY-ST-7IP WEST PALM BEACH FL CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE 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=ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition Change TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 empetiered 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.

SIGNATURE:

LE SIGNING OFFICEFOR DIRECTOR

1/14/2000

561-439-5400 Daytine Phone *

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FILED