2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 22, 2000 8:00 am Secretary of State **DOCUMENT # \$91588** 1. Entity Name MARK WOODBURY & ASSOCIATES, INC. 05-22-2000 90074 003 ***150.00 Principal Place of Business Mailing Address 6801 NW 15TH WAY 6801 NW 15TH WAY FT_LAUDERDALE_FL_33309 FT_LAUDERDALE_FL_33309-1529_ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 65-0290160 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WOODBURY, MARK Street Address (P.O. Box Number is Not Acceptable) 6801 NW 15TH WAY 6801 NW 9TH AVENUE FT LAUDERDALE FL 33309 FT. LAUDERDALE ^{Zip.Code} 33309−1509 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 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 filling 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 OFFICERS AND DIRECTORS 12. 11. **本本**Change CR2E034 (9/99 Addition TITLE ☐ Delete TITLE WOODBURY, MARK NAME NAME 6801 NW 15TH WAY 6801 NW 9TH AVE, STE 102 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33309-1529 CITY-ST-ZIP FT LAUDERDALE FL ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 empowered.

CITY-ST-ZIP

SIGNATURE

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SAMING OFFICER OR DIRECTOR

5/1/00

Daytime Phone #