2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 18, 2000 8:00 am **DOCUMENT # \$96501 Secretary of State** 1. Entity Name PETER PAN ASSOCIATES, INC. 01-18-2000 90107 025 ***158.75 Principal Place of Business Mailing Address 111 E BOCA RATON RD 111 E BOCA RATON RD C0004476 **BOCA RATON FL 33432 BOGA RATON FL 33432-3964** 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 65-0299912 Not Applia Zip Country 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 Name TALBOTT, GREGORY K Street Address (P.O. Box Number is Not Acceptable) 111 E BOCA RATON RD **BOCA RATON FL 33432** Zip Code 8. The above named entity submits ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete ☐ Change NAME TALBOTT, GREGORY K. STREET ADDRESS 111 E BOCA RATON RD STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE

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

NAME

STREET ADDRESS

NAME

STREET ADDRESS

CITY-ST-ZIP

Change

Addition