## 2000 UNIFORM BUSINESS REPOR! (UBR) 3/ May 16, 2000 8:00 am **DOCUMENT # V13597** Secretary of State THE LITTLE BROWN RABBIT II, INC. 03-20-2000 90007 013 \*\*\*150.00 Principal Place of Business Mailing Address 364 E. PALMETTO PARK RD. 384 E. PALMETTO PARK RD. **BOCA RATON FL 33432-5000 BOCA RATON FL 33432** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FFI Number City & State City & State 65-0310639 Not Applicable Zip Country 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 Street Address (P.O. Box Number-is Not-Acceptable) 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Delete TITLE TITLE Brent Bartkow BARTKOW, BRENT NAME NAME 364 E. Palmetto PKRd CR2E034 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Boca Raton, FL 33432 CITY-ST-ZIP ☐ Addition Delete TITLE TITLE THOMAS, PHILIP NAME Palmetto Park Rd NAME a Signatura STREET ADDRESS STREET ADDRESS COY-ST-7/P CITY-ST-ZIP ☐ Addition TITLE Delete THEF NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-712 CITY-ST-ZIP Change ☐ Addition Delete TITLE TILLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE Delete TITLE NAME 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 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.

SIGNATURE:

Breat Barthaw.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/00

Daytime Phone #