>2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V14872** Mar 29, 2000 8:00 am 1. Entity Name **Secretary of State** BAIRD COURT CORPORATION 03-29-2000 90024 031 ***150.00 Mailing Address 2532 Royecrest Ave Principal Place of Business 2532 RI Decres AUC 127-BUMPRIES CT W. ORANGE PARK FL 32065-6241 ORANGE PARK FL 32065 - 6241 a Degreet Ave 2. Principal Place of Business 2532 Ripagere Applied For City & State 4. FEI Number 22-1922506 Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 32065-624 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _Name_____ VAN METER, THOMAS P. 2427 DUMFRIES CT-W. 2532 Risge creek Due ORANGE PARK FL 32065 -6241 Street Address (P.O. Box Number is Not Acceptable) 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 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 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE □ Change TITLE VAN METER, THOMAS P. NAME 2427 DUMFRIES CTW 2532 Riogenes Ase STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORANGE PARK FL ☐ Change Addition TITLE TITLE VAN METER, PATRICIA A. NAME STREET ADDRESS NAME 2427 DUMPNEO GT W 2532 Pa sque crest STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL - 32065-624 ☐ Addition ☐ Change TITLE VAN METER, CHRISTINE L. NAME STREET ADDRESS STREET ADDRESS 6392 ALEXANDER RD CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with the 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 frue 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-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #