2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2000 8:00 am Secretary of State **DOCUMENT # V29978** 1. Entity Name NORMAN E. HARRIS ENTERPRISES, INC. 04-26-2000 90179 033 ***150.00 Principal Place of Business Mailing Address 1312 COMMERCE LANE 1312 COMMERCE LANE SUITE 9A SHITE 9A JUPITER FL 33458-5639 JUPITER FL 33458 3. Mailing Address 2. Principal Place of Business 1312 COMMERCE LANE 1312 COMMERCE LANE DO NOT WRITE IN THIS SPACE Suite Apt. #, etc. Suite, Apt. #, etc. OA 10 A City & State City & State 4. FEI Number Applied For 65-0390137 JUPITER JUPITER. Not Applicable Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HALEY, BARRY L. Street Address (P.O. Box Number is Not Acceptable) ONE EAST BROWARD BLVD. S-1609 FT. LAUDERDALE FL 33301 City 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing 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, Change Addition TITLE ☐ Defete HARRIS, NORMAN E. NAME NAME 1312 COMMERCE LANE, STE. LOA STREET ADDRESS 1312 COMMERCE LANE, STE 9A STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL Change Addition ☐ Defete 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 ☐ Change Addition □ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR