2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # V43152** Feb 20, 2000 8:00 am 1. Entity Name **Secretary of State** NAVAL LIAISON SERVICES, INC. 02-20-2000 90009 012 ***150.00 Principal Place of Business Mailing Address 721 SE 6 ST ··- SE 6 ST 750 E BROWARD RIVE i. LAUDERDALE FL 33301 FT LAUD FL 26339 2. Principal Place of Business 3. Mailing Address 1900 NE 1900 NE 21 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0338777 Not Applicable ORT / AUDERDA Zip Zip \$8.75 Additional 5. Certificate of Status Desired 305 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent RICHARD ARNOLD "ARNOLD," RICHARD Street Address (P.O. Box Number is Not Acceptable) 721 SE 6 ST FT LAUDERDALE FL 33301 ubmits this statement fat the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named en SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees X (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition ☐ Delete TITLE RICHARD ARNOUD ARNOLD, RICHARD MARKE 1900 NE 21 ST ADDRESS 721 SE 6 ST STREET ADDRESS ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-7IP FORT LAUDERDALE FL. 33305 ☐ Delete TITLE 🔼 Change Addition KATHLEEN ARNOUP ARNOLD, KATHLEEN 1900 NE 21 ST. STREET ADDRESS 721 SE 6 ST ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33301 FORT LAUDERDALE, FL. 33305 Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP ST ZIP Delete TITLE Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP ST-ZIP □ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ADADEÇÇ CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 traffice 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 appowered.

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