-2000 UNIFORM BUSINESS REPORT (UBR) FILED Aug 03, 2000 8:00 am Secretary of State **DOCUMENT # V52530** 1. Entity Name PAYNE & AUSTIN, P.A. 08-03-2000 90039 011 ***150.00 Principal Place of Business Mailing Address 6950 CYPRESS RD. 6950 CYPRESS RD. SUITE 101 SHITE 101 PLANTATION FL 33317 PLANTATION FL 33317 2. Principal Place of Business 600 N. Pine Island 3. Mailing Address 600 N. Pine Island Suite Apt. #, etc. Suite Apt. #, etc. DO NOT WRITE IN THIS SPACE 450 <u>7450</u> Applied For 4. FEI Number City & State 65-0344112 FT. LAUDERDALE, FL FT. LAUDERDALE, Not Applicable \$8.75 Additional 33324 5. Certificate of Status Desired 33324 υ.s.A , Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AUSTIN, C. RANDALL Street Address (P.O. Box Number is Not Acceptable) -6950 CYPRESS ROAD SUITE 181 PLANTATION FL-33317 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) FILE NOW!!! FEE IS \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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. □ Delete TITLE NAMÉ AUSTIN, C. RANDALL NAME 1271 NW 110th Ave STREET ADDRESS STREET ADDRESS 8032 LAKE POINTE CT. Plantution, FL 33322 CITY-ST-ZIP CITY-ST-ZIP -PLANTATION FL ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SCORPHILL DECETOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

7/10/00

(954)315-0204

☐ Change

☐ Addition

Daytime Phone #

Attachment # 152530

PAYNE & AUSTIN, P.A. 600 N. PINE ISLAND ROAD FT. LAUDERDALE, FLORIDA 33324 TELEPHONE: 954-315-0204

State of Florida Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 July 25, 2000

RE:

UNIFORM BUSINESS REPORT

PAYNE & AUSTIN, P.A. DOCUMENT # V52530

Dear Sir/Madam:

Please be advised that we did not receive the pre printed/original Uniform Business Report Packet for 2000 for the above-mentioned corporation.

Enclosed please find a check in the amount of \$150.00 for the original fee with the signed report.

Thank you for your cooperation in this matter.

(Randell Quitin), hes.

Sincerely,

C. Randall Austin

President