2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 05, 2000 8:00 am Secretary of State **DOCUMENT # V55949** 1. Entity Name LODESTAR TOWER CHARLOTTE, INC. 06-05-2000 90019 013 ***150.00 Principal Place of Business Mailing Address 218 U.S. HWY #1 SUITE 300 218 U.S. HWY #1 SUITE 300 TEQUESTA FL 33469 TEQUESTA FL 33469 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0349662 Not Applicable Country Zip 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 Name DICKIE, PAUL A Street Address (P.O. Box Number is Not Acceptable) 218 US HWY ONE **STE 300 TEQUESTA FL 33469** Zip Code 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) Signature, typed or printed name of registered agent and title if applicable. 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. ☐ Change ☐ Addition TITLE ☐ Delete TITLE SCOTT, PAUL W NAME NAME STREET ADDRESS 218 U.S. HWY #1 SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TEQUESTA FL 33469 ☐ Addition ☐ Change TITLE DICKIE, PAUL A. NAME NAME STREET ADDRESS 218 U.S. HWY #1 SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** ☐ Addition ☐ Delete TITLE Change TITLE NAME Byrne, Thomas F NAME STREET ADDRESS 218 U.S. HWY #1 SUITE 300 STREET ADDRESS CITY-ST-ZIP **TEQUESTA FL 33469** CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE PATTON, GEORGE E. NAME NAME STREET ADDRESS STREET ADDRESS 218 U.S. HWY #1 SUITE 300 CITY-ST-ZIP CITY-ST-ZIP **TEQUESTA FL 33469** ☐ Change ☐ Addition D/P ☐ Delete TITLE TITLE DICKIE, PAUL A NAME NAME STREET ADDRESS 218 U.S. HWY #1 SUITE 300 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TEQUESTA FL 33469 ☐ Addition DT ☐ Defete Change TITLE TITLE

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 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 a address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

MCGEE, NANCY E

TEQUESTA FL 33469

218 U.S. HWY #1 SUITE 300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR