2000 UNIFORM BUSINESS REPORT (UBR) FILED 57364 DOCUMENT # May 09, 2000 8:00 am 1. Entity Name Secretary of State SALES CONSULTANTS OF FT. LAUDERDALE, INC. 05-09-2000 90136 034 ***150.00 Principal Place of Business Mailing Address 100 W. Cypress Creek Rd. 100 W. Cypress Creek Rd Suite 880 Suite 880 Ft. Lauderdale, FL Ft. Lauderdale, FL 33309 33309 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0353205 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Peterson, Gregory G Street Address (P.O. Box Number is Not Acceptable) 1950 NE 57th Street Ft. Lauderdale, FL 33308 Zip Code for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. Change ☐ Addition Delete TITLE TITLE NAME Peterson, Glen O NAME STREET ADDRESS STREET ADDRESS 8314 SW 81st Terrace CITY-ST-ZIP CITY-ST-ZIP Miami<u>, FL 33143</u> ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME Taylor, Jeffrey A STREET ADDRESS STREET ADDRESS 2880 NE 14th Street CITY-ST-ZIP CITY-ST-ZIP Pompano Beach, FL 33062 ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME Peterson, Gregory G STREET ADDRESS STREET ADDRESS 1950 NE 57th Street Ft. Lauderdale, FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE 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 13. Thereby 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 trystee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or tri changed, or on an attachment with a

SIGNATURE