2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # V63123** 1. Entity Name ST. JOHN, LANDON & MASON, P.A. 04-24-2001 90296 019 ***150.00 Principal Place of Business Mailing Address 4401 N FEDERAL HWY STE 202 4401 N FEDERAL HWY STE 202 **BOCA RATON FL 33431 BOCA RATON FL 33431** 955782 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0352184 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ST. JOHN, MICHAEL J. Street Address (P.O. Box Number is Not Acceptable) 4401 N FEDERAL HWY STE 202 **BOCA RATON FL 33431** Zip Code FL 8. The above maned entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **SIGNATURE** t and title if applicable. satisfy its Intangible FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DPT ☐ Change Addition TITLE Delete TITLE NAME ST. JOHN, MICHAEL J. STREET ADDRESS 4401 N FEDERAL HWY STE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** Delete TITLE ☐ Change ☐ Addition TITLE LANDON, JAMES C NAME NAME STREET ADDRESS 4401 N FEDERAL HWY STE 202 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33431** TITLE Delete TITLE NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete MASON, JOHN F. 4401 N FEDERAL HWY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI E ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE AND FIGURE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
| Date | Da