FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State **DOCUMENT # V65053** ALBERTS & MERKEL BROS. INC. ALBERTS & MERKEL BROS, INC. (1992) 05-15-2001 90104 006 ***150.00 11580 Hagen Ranch Rd. Boynton Beach, FL 33437 Principal Place of Business Mailing Address 2210 SOUTH FEDERAL HIGHWAY 2210-SOUTH-FEDERAL-HIGHWAY **BOYNTON BEACH FL 33435 BOYNTON BEACH FL 33435** 764895 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0358640 Not Applicable \$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 MERKEL JEAN L 2210:S FEDERAL HWY 11 580 Hagen Rund Road BOYNTON BEACH FL 38435 33437 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE X Change ☐ Addition Merkel Jean Lich Road 11586 Hagen Ranch Road Boynton Beach, Fl. 33437 NAME MERKEL, JEAN L NAME 2210 S FED HWY 115 80 Hagen Ranch Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOYNTON BEACH FL 33485 334 VSD TITLE ☐ Delete TITLE NAME BANTING, MARTHA J NAME STREET ADDRESS 2414 SW 1ST STREET STREET ADDRESS CITY-ST-ZIP **BOYNTON BEACH FL 33435** CITY_ST_ZIP_ TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-8-2001 732-207

Daytime Phone #