UNIFORM BUSINESS REPORT (UBR) FILED SECRETARY OF STATE 1. Entity Name TALLAHASSEE FLORIDA HARDY & BISSETT, P.A. 01 JUL 16 AM 9: 30 Principal Place of Business Mailing Address 13205 S.W 137TH AVENUE 13205 S.W. 137TH AVENUE MIAMI, FL 33186 MIAMI, FL 33186 2. Principal Place of Business 3. Mailing Address ADD SUITE # 127 ADD SUITE # 127 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country Zip 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 BISSETT, G. WILLIAM, JR. HARDY, GILBERT JACKSON, JR Street Address (P.O. Box Number is Not Acceptable) -501 N:E lst. AVENUE - SUITE #0300 MIAMI, FL 33132 13205_S.W. <u>137</u>TH_AVENUE 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 typed or printed name of registered agent and title il applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001-Fee will be \$550.00 --Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change BISSETT, G. WILLIAM, JR. NAME NAME 13205 S.W. 137TH AVE. # 127 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33186 CITY-ST-ZIP TITLE TITLE ☐ Addition ☐ Delete **30000421615**3 -05/14/01--01138 NAME NAME HARDY, GILBERT JACKSON STREET ADDRESS STREET ADDRESS 13205 S.W. 137TH AVE. # 127 *****35.00 ****35.00 CITY-ST-ZIP CITY-ST-ZIP MIAMI, FL 33186 Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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. G. William BISSOTT

(305)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR