2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 22, 2001 8:00 am Secretary of State **DOCUMENT # \$11053** 1. Entity Name LOGGERS RUN UNLIMITED, INC. 03-22-2001 90065 036 ***150.00 Mailing Address Principal Place of Business 11379 W PALMETTO PARK RD 11379 W PALMETTO PARK RD BOCA RATON FL 33428-2659 DODETOTO BOCA RATON FL 33428-2659 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0227722 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent -Name WOTRING, CHARLES C. Street Address (P.O. Box Number is Not Acceptable) 20971 D VIA OLEANDER **BOCA RATON FL 33428** Zip Code City FL 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 DATE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITI F TITLE WOTRING, CHARLES C. NAME STREET ADDRESS 20971 D VIA OLEANDER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change ☐ Addition TITLE ☐ Delete NAME WOTRING, KARIN A. NAME STREET ADDRESS STREET ADDRESS 20971 D VIA OLEANDER CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change Addition TITLE ☐ Delete NAME WOTIERING, KIMBERLY NAME STREET ADDRESS 22087 ALTONA DRIVE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL 33428** ☐ Addition Change TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: ER OR DIRECTOR

CITY-ST-ZIP