2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am Secretary of State **DOCUMENT # V40042** 1. Entity Name COMPANY C. INC. 01-30-2001 90051 010 ***150.00 Principal Place of Business Mailing Address 4264 NORTHLAKE BLVD. 4264 NORTHLAKE BLVD. PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0338404 Not Applicable 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 Name SMITH, CAROL Street Address (P.O. Box Number is Not Acceptable) 7660 162ND CT. N. PALM BEACH GARDENS FL 33418 Zip Code City 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) 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE Delete TITLE Change SMITH, CAROL NAME NAME STREET ADDRESS 7660 162ND COURT STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SMITH, RICHARD SR. NAME NAME STREET ADDRESS 7660 162ND COURT STREET ADDRESS CITY_ST_ZIP_ PALM, BEACH, GARDENS, FL, 33418 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE SMITH, RICHARD JR. NAME NAME 7660 162ND COURT STREET ADDRESS STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-7IP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-27-01

561-746-7570

Daytime Phone #

FILED