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2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # 598447** 1. Entity Name CONTINENTAL WEATHER CORPORATION 03-20-2000 90135 007 ***150.00 Principal Place of Business Mailing Address 1407 HOUNDS HOLLOW CT 1407 HOUNDS HOLLOW CT LUTZ FL 33549-5711 LUTZ FL 33549-5711 MUU32094 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 59-1866125 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MITLEIDER, ALAN Street Address (P.O. Box Number is Not Acceptable) 1407 HOUNDS HOLLOW CT **LUTZ FL 33549** 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 (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 M Tax filing requirement and elects to do so. After MÄY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to I (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE MITLEIDER, ALAN NAME NAME 1407 HOUNDS HOLLOW CT STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP LUTZ FL ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME MITLEIDER, ELAINE 1407 HOUNDS HOLLOW CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **LUTZ FL** ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition