2000 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2000 8:00 am Secretary of State DOCUMENT # 698052 DAN MOORE INVESTMENTS, INC. 04-11-2000 90015 045 ***150.00 Principal Place of Business Mailing Address 4026 HENDERSON BLVD 4026 HENDERSON BLVD TAMPA FL 33629-4940 TAMPA FL 33629 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite. Apt. #. etc. Applied For City & State 4. FEI Number City & State 59-2664268 Not Applicable Country \$8.75 Additional 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 MOORE, DANIEL F. Street Address (P.O. Box Number is Not Acceptable) 4026 HENDERSON BLVD **TAMPA FL 33629** 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 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, 2000 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 12. 11. ■ Addition Change ☐ Delete TITLE TITLE MOORE, DANIEL F NAME NAME **4026 HENDERSON BLVD** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TAMPA FL Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE --- [-] · Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE 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 filling 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.

NG OFFICER OR DIRECTOR DANIEL F. MOORE

4/5/2000