2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 28, 2003 8:00 am Secretary of State F36910 DOCUMENT # 04-28-2003 90297 012 ***150.00 1. Entity Name DAVID BARTON INTERNATIONAL, INC. Mailing Address Principal Place of Business 2534 NE 9TH AVE PO BOX 101725 CAPE CORAL FL 33910 CAPE CORAL FL 33909... US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 65-0175859 Not Applicable Zip 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 BARTON, DAVID A. Street Address (P.O. Box Number is Not Acceptable) 2534 NE 9TH AVE #1 CAPE CORAL FL 33909 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be ___After_May 1, 2003, Fee_will-be \$550.00-Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CR2E034 (10/02) TITLE Addition TITLE Delete BARTON, DAVID A NAME NAME 2534 NE 9TH AVE #1 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 CITY-ST-ZIP CITY-ST-ZIP TITLE **VPS** Delete TITLE Change NAME BARTON, SIMON D NAME 2534 NE 9TH AVE # 1 STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33909 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST_ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 is of the corporation or the receiver or trustee em

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