## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 18, 2000 8:00 am Secretary of State DOCUMENT # F41088 1. Entity Name FREESTYLE INC. 01-18-2000 90126 040 \*\*\*150.00 Principal Place of Business Mailing Address 13251-1 MCGREGOR BLVD. 13251-1 MCGREGOR BLVD. FT MYERS FL 33919 FT MYERS FL 33919-5941 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For ity & Ştate 59-2164301 Not Applicable \$8.75-Additional 5. Certificate of Status Desired -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FIX, FAITH F. Street Address (P.O. Box Number is Not Acceptable) 13251-1 MCGREGOR BLVD. ianal FT. MYERS FL 33907 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 (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, 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. Change TITLE ☐ Delete TITLE FIX, FAITH FRIEDEL NAME NAME 8800 Signal Rd #1 Bonita Springs FL 34135 STREET ADDRESS STREET ADDRESS 13251-1 MCGREGOR BLVD. CITY-ST-ZIP CITY-ST-ZIP FT MYERS, FL 00000 TITLE ☐ Delete TITLE FIX. FAITH FRIEDEL NAME NAME 8800 signal Rd #1 Bonita springs FL 34135 STREET ADDRESS STREET ADDRESS 13251-1 MCGREGOR BLVD. CITY-ST-ZIP CITY-ST-ZIP FT MYERS, FL 00000 Addition ☐ Delete PD TITLE TITLE FIX. BRETT M NAME NAME 8800 Signal Rd #1 Bonita Springs FL 3413S STREET ADDRESS STREET ADDRESS 13251-1 MCGREGOR BLVD. CITY-ST-ZIP CITY-ST-ZIP FT MYERS, FL 00000 Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 PAINTED NAME OF SIGNING OFFICER OR DIRECTOR