2000 UNIFORM BUSINESS REPORT (UBR)

with an address, with all other like empowered.

SIGNATURE:

FILED DOCUMENT # G35648 Apr 26, 2000 8:00 am Secretary of State 1. Entity Name SUPER MOM. INC. 04-26-2000 90081 013 ***150.00 Mailing Address Principal Place of Business 22387 THOUSAND PINES LANE 22387 THOUSAND PINES LANE BOCA RATON FL 33428-3802 **BOCA RATON FL 33428** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2506471 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUTHERLAND, RICHARD A. Street Address (P.O. Box Number is Not Acceptable) 22387 THOUSAND PINES LANE **BOCA RATON FL 33428** Zip Code 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. VSD Change ☐ Addition ☐ Delete TITLE TITLE SUTHERLAND, RICHARD A. NAME 22387 THOUSAND PINES LN STREET ADDRESS STREET ADDRESS **BOCA RATON.F L** CITY-ST-ZIP CITY-ST-ZIP PTD Addition ☐ Delete Change TITLE SUTHERLAND, JUDITH L. NAME STREET ADDRESS 22387 THOUSAND PINES LN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** Change Addition ☐ Delete TITLE 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 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE ☐ Delete 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

DOITH L. SUTHERLAND 4/21/00 954-427-1400