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2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Apr 04, 2003 8:00 am Secretary of State J89315 DOCUMENT # 04-04-2003 90063 042 ***150.00 1. Entity Name STAUBS, INC. Principal Place of Business Mailing Address BEYERSDORF COMPANY % PAUL O. STAUBS 2719 CENTRAL AVE. 9060 ST. ANDREWS DRIVE ST. PETERSBURG FL 33713 SEMINOLE FL 33777 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-2839182 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 STAUBS_ PAUGEO. STAUBS, PAUL O. Street Address (P.O. Box Number is Not Acceptable) 9080 ST. ANDREWS DRIVE SEMINOLE FL 33777 Zip Code 33702 - 2789 PETERSURG 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Change ☐ Addition STAUBS, PAUL O. PAUL O. STAUBS NAME NAME 812 AMELIA CT. NE 9080 ST. ANDREWS DRIVE STREET ADDRESS STREET ADDRESS SEMINOLE FL CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG, FL 33702-2784 TITLE TITLE ☐ Delete STAUBS, ROBIN ROBIN S. STAUBS NAME NAME 9080 ST. ANDREWS DRIVE STREET ADDRESS STREET ADDRESS 812 AMELIA CT. NE SEMINOLE FL CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33702-2184 ☐ Change ☐ Addition TITLE Delete. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address of the all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE