2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 05, 2000 8:00 am Secretary of State DOCUMENT # P9800001563 GLOW PRO'S, INC. 05-05-2000 90049 002 ***150.00 Principal Place of Business Mailing Address 3801 N. FEDERAL HWY. 3801 N. FEDERAL HWY. POMPANO BEACH FL 33064-6611 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0818980 Not Applicable Country Zip Country Zip \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name MAHONEY, ROBERT C Street Address (P.O. Box Number is Not Acceptable) 3801 N FEDERAL HWY POMPANO BEACH FL 33064 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 ☐ Addition Delete TITLE TITLE NAME NAME VARSALONA, THOMAS R STREET ADORESS STREET ADDRESS 3801 N. FEDERAL HWY. CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33064 ☐ Delete Change ☐ Addition TITLE NAME VARSALONA, ELSIE NAME STREET ADDRESS STREET ADDRESS 3801 N. FEDERAL HWY. CITY-ST-ZIP CITY - ST - ZIP POMPANO BEACH FL 33064 ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CUY-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 piner like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #