2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000062563 1. Entity Name DUTCH ONE OF MARCO, INC. 03-20-2000 90126 029 ***150.00 Mailing Address Principal Place of Business 247 NORTH COLLIER BLVD. SUITE 202 247 NORTH COLLIER BLVD. SUITE 202 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145-3015 しいひせひひょん 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Cityl & State 4. FEI Number Applied For 65-0858110 Not Applicable Zip Country 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 Name MORRIS, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 247 NORTH COLLIER BLVD. SUITE 202 MARCO ISLAND FL 34145 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. LESPERANCE AngelA B. U Change ☐ Defete TITLE TITLE. LESPERANCE, ANGELA E. 928 N COLLIER BLVD 1094 Ruppert Rol. 1094 Ruppert Rd MAME STREET ADDRESS STREET ADDRESS Marco Island FL 34145 CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP De ete TITI F TITLE OYER, STEVEN NAME NAME 928 N COLLIER BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME

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 trusted 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 agreement of the empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-7IP

CITY-ST-ZIP

TITLE

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SGRAPURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

01/28/bo

941 -860-4561 Daytime Phone *

Change

Addition