FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 17, 2002 8:00 am Secretary of State P98000093976 DOCUMENT # 1. Entity Name CARLEN, INC. 05-17-2002 90020 033 ***150.00 Principal Place of Business Mailing Address 26 W ORANGE ST PO BOX 1879 TARPON SPRINGS FL 34689 TARPON SPRINGS FL 34688 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3543434 Not Applicable Zip Country Country \$8.75 Additional 5. - Certificate of Status Desired \square Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HIMONETOS, MARY Street Address (P.O. Box Number is Not Acceptable) 26 W ORANGE ST TARPON SPRINGS FL 34689 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE D/Chairman/President CR2E034 (9/01) Change MARTIN, CAROL E POST OFFICE BOX 1879 NAME Carol E. Martin NAME STREET ADDRESS STREET ADDRESS P.O. BOX 1879 TARPON Spr. NGS, FL 34688 ASSL. V.P. | Secretary | Treasurer | Change many Himonetos tarpon springs fl 34688 CITY-ST-ZIP CITY-ST-7IP DEVP ☐ Defete TITLE Addition THOMPSON, JOHN NAME NAME POST OFFICE BOX 1879 STREET ADDRESS STREET ADDRESS P.O. BOX 1879 TARPON SPRINGS FL 34688 CITY-ST-ZIP CITY-ST-ZIP THEPON SPEINGS, FL 34688 ☐ Delete TITLE ☐ Addition gagnon. Christine L NAME NAME **POST OFFICE BOX 1879** STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34688 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition SHARPE, LYNN A NAME NAME POST OFFICE BOX 1879 STREET ADDRESS STREET ADDRESS Tarpon Springs FL 34688 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition Cahalin, Helen J NAME NAME POST OFFICE BOX 1879 STREET ADDRESS STREET ADDRESS TARPON SPRINGS FL 34688 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE

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.

STREET ADDRESS

CITY-ST-ZIP

NAME

NAME

STREET ADDRESS

CITY-ST-7IP

MCLANE, JIM

PO BOX 1879

TARPON SPG FL 34688

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

☐ Addition