AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED

10-02-2002 90120 017 ****61.25
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name GLOBAL ORGANIC SPECIALTY SOURCE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
7345 16th ST. E	SAME
Suite, Apt. #, etc. 116	Suite, Apt. #, etc.
City & State SARASOTA, FL	City & State
Zip 34243 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0893634 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name MITCH BLUMENTHAL

Street Address (P.O. Box Number is Not Acceptable) 2604 MAN OF WAR CIRCLE

City SARASOTA FL Zip Code 34240

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)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25 ✓
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PRESIDENT, TREASURER NAME MITCH BLUMENTHAL STREET ADDRESS 2604 MAN OF WAR CIRCLE CITY-ST-ZIP SARASOTA, FL 34240	TITLE NAME STREET ADDRESS CITY-ST-ZIP
~~TITLE~~ ~~NAME DENNIS P. JOLLY~~ ~~STREET ADDRESS 1178 BRIAR CREEK LANE~~ ~~CITY-ST-ZIP SARA~~	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE VICE PRESIDENT / SECRETARY NAME DENNIS JOLLY STREET ADDRESS 1178 BRIAR CREEK LANE CITY-ST-ZIP SARASOTA, FL 34235	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Mitch Blumenthal 9/29/02 941-358-6555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

AMENDED

61.25