2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9900058735 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** COST SAVING AND REDUCTION SPECIALISTS, INC. 03-31-2000 90071 035 ***150.00 Mailing Address Principal Place of Business 2328 GINGER TERRACE 2328 GINGER TERRACE JENSEN BEACH FL 34957 JENSEN BEACH FL 34957-6728 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State City & State 65-0940017 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 FEDERGREEN, SUSAN Street Address (P.O. Box Number is Not Acceptable) 2328 GINGER TERRACE JENSEN BEACH FL 34957 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, 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Addition TITLE Delete NAME Susan Federgreen NAME RICHARD HEROUX 2328 GINGER TERMICE STREET ADDRESS STREET ADDRESS 2328 Ginger Terrace CITY-ST-ZIP CITY-ST-7IP Jensen Beach, FL 34957 ☐ Addition Delete TITLE TITLE Warren Febenancen Richard Heroux NAME NAME STREET ADDRESS STREET ADDRESS 2328 Ginger Terrace CITY-ST-7IP CITY-ST-ZIP Jensen Beach, FL 34957 ☐ Change ☐ Addition TITLE NAME NAME Warren Federgreen STREET ADDRESS STREET ADDRESS 2328 Ginger Terrace CITY-ST-ZIP CITY-ST-ZIP Jensen Beach, FL ☐ Change ☐ Addition □ Delete TITLE 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 CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes 1 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.

CICNISTURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/27/00

54-3346161

Daytime Phone #