2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P9900064072 1. Entity Name FOOD SAFETY ASSOCIATES INTERNATIONAL, INC. 03-20-2000 90044 012 ***150.00 Principal Place of Business Mailing Address 59735 BLUE ISLE BLVD 59735 BLUE ISLE BLVD GRASS KEY FL 33050-6034 GRASS KEY FL 33050 ~~~~~ 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Grassy Key 4. FEI Number 65-0942681 Applied For City & State Grassy *Key Not Applicable Zip Country Zip 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 ZIEGLER, S H Street Address (P.O. Box Number is Not Acceptable) 359 S COCONUT PALM BLVD TAVERNIER FL 33070 Zip Code City FI 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) DATE 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 12. 11. OFFICERS AND DIRECTORS ☐ Addition PD ☐ Delete TITLE X Change TITLE NAME NAME EHRLICH, DAVID STREET ADDRESS STREET ADDRESS 59735 BLUE ISLE BLVD Grassy Key CITY-ST-ZIF CITY-ST-709 GRASS KEY FL 33050 ☐ Change ☐ Addition ☐ Delete TITLE 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-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling closs 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 export 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 approvered. indicated on this report or supplemental report is true of the corporation or the readiver or trustee empower changed, or on an attachment with an address, with a

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

SIGNATURE AND DEPEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-14-00

305**-**743-0182

Daytime Phone #