2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000075498 Jul 21, 2000 8:00 am Secretary of State 1. Entity Name SHARON CREMERS, INC. 07-21-2000 90158 001 ***150.00 Principal Place of Business Mailing Address 1860 LAKE CYPRESS DR. 1860 LAKE CYPRESS DR. SAFETY HARBOR FL 34695 SAFETY HARBOR FL 34695 NUUUW#•UU 2. Principal Place of Business 3. Mailing Address 2934 WIND MODE DRIVE S. 934 WINDMONE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number S9-3594426 HARBOR Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired حA ک Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CREMERS, SHARON reet Address (P.O. Box Number is Not Acceptable) 1860 LAKE CYPRESS DR. NOOR SAFETY HARBOR FL 34695 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 FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE CREMERS SHAROW DRIVE S. CREMERS, SHARON NAME NAME STREET ADDRESS 1860 LAKE CYPRESS DR. STREET ADDRESS PALM HARBOR, SL 34685 CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE TITLE Change |

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

KAYAZICKEMECREQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/17/00 727/726-442/ or

P9900075498

A0069200

SHARON CREMERS 2934 Windmoor Drive South Palm Harbor, FL 34685

July 17, 2000

Division of Corporations Uniform Business Report Filings P. O. Box 1500 Tallahassee, FL 32302-1500

Anthony (from your office) suggested I write a brief note stating the reason for the inclusion of the check for \$150.00 instead of the \$550.00 required by failure to have filed this form by May 1st.

The first notice did not reach me. My address changed on September 29, 1999. According to Anthony and your preprinted form the address you have is the old one. What is amazing to us is that the correct address is on the address portion of this Second Notice (see copy enclosed).

In any event, Anthony told me to file the report now and send the check for \$150.00 (enclosed).

If you have any questions you may reach me during business hours at 727/726-4421 or in the evening at 727/773-0981.

Sincerely,

Sharon Cremers

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