2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 26, 2001 8:00 am Secretary of State **DOCUMENT # \$50988** SUGAR PLUM SHOPPE, INC. 03-26-2001 90006 050 ***150.00 Principal Place of Business Mailing Address 40 SW 1ST AVE 40 SW 1ST AVE OCALA FL 34474 OCALA FL 34474 HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number 59-3074792 Not Applicable -- Zip ---Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SPECHT, GEORGE (P.O. Box Number is Not Acceptable) 40 SW 1ST AVE OCALA FL 34474 Ocala 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. 3-24-01 SIGNATURE (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, 2001 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change Delete TITLE TITLE SPECHT. GEORGE NAME NAME STREET ADDRESS 2068 S.E. 37TH CT CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA FL Addition D ☐ Delete Change TITLE SPECHT, JANET NAME NAME STREET ADDRESS 2068 S.E. 37TH CT CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OCALA 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

PED OF PRINTED NAME OF SIGNING OFFICER ON DIRECTOR SIGNATURE AND