2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

address, with all other like

Jul 20, 2000 8:00 am Secretary of State DOCUMENT # V47454 1. Entity Name TONIMAR, INC. 07-20-2000 90010 028 ***150.00 Principal Place of Business Mailing Address 2120 PAGET CIR 2120 PAGET CIR NAPLES FL 34112 NAPLES FL 34112 A0068402 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0363769 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 IACONO, VINCENT Street Address (P.O. Box Number is Not Acceptable) 2120 PAGET CIR NAPLES FL 34112 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE TITLE IACONO, TONI. NAME. NAME STREET ADDRESS 2120 PAGET CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34112 ☐ Delete Change ☐ Addition TITLE TITLE NAME 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 ☐ Delete Change Addition 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-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 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

FILED

ATTACHMENT July 13 , 2000 This is to testify that this is the first and only notice I have received this year. as per my concernation with your office I am enclosely a check for 15000 for the Uniform Business Report. Thank your

Uncent Jacons 2120 Paget Circle Nuples F1 34112 941-732-8016

Division of Corporations

1/0 Whom It May Concern