2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 272816** 1. Entity Name THE ALAN COMPANY 04-11-2001 90245 025 ***150.00 Principal Place of Business Mailing Address 1725 US 1 1725 #U S NO 1 VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address 725 051 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. VERDOGALL EL Applied For 4. FEI Number City & State City & State 59-1039721 Not Applicable VERO BIA A \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required u.s. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BARNHILL, JANIS Street Address (P.O. Box Number is Not Acceptable) 1725 1728 US 1 1725 USI VERO BEACH FL 32960 Zip Code 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. (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 After MAY 1, 2001 Fee will be \$550.00 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition Delete TITLE PRESIDENT TITLE NAME JANIS BARNHULL IANNOTTI, A. MILDRED NAME STREET ADDRESS 1725 US1 STREET ADDRESS 1725 U.S. 1 CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 VERO BEACH, FL 00000 ☐ Addition -Change Vice PRESIDENT Delete TITLE VM TITLE NAME NANCY ISACHE BARNHILL, JANIS NAME STREET ADDRESS STREET ADDRESS 1725 US 1 CITY-ST-ZIP VERO BEACH CITY-ST-ZIP VERO BEACH, FL 00000 Change ☐ Addition TITLE Delete Sec / TREAS. TITLE NAME STD GIANNOTTI, MARIË MARIE GIANNOTTI NAME STREET ADDRESS 1725051 STREET ADDRESS -1725 US-1 CITY-ST-ZIP CITY-ST-ZIP VEROBIAL VERO BEACH, FL 00000 ☐ Change ☐ Addition TITLE ☐ 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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. 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.

CITY-ST-ZIP

CITY-ST-ZIP

NAME OF SIGNING OFFICER OR DIRECTOR