2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # 285708** 1. Entity Name GRIMALDI ENTERPRISES, INC. 01-18-2000 90056 045 ***150.00 Principal Place of Business Mailing Address 856 OLD HWY 98 856 OLD HWY 98 , vvoj 8 DESTIN FL 32541 DESTIN FL 32541-4098 US 2. Principal Place of Business 3. Mailing Address 686 Old Hwy 98 686 Old Hwv 98 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 101 Suite 101 City & State 4. FEI Number Applied For City & State 59-1092109 ∷ramar Beach/Destin, FL Miramar Beach/Destin, FL Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 32541 US 32541 US Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRIMALDI BARBARA R Street Address (P.O. Box Number is Not Acceptable) 686 Old Hwy 98 856 OLD HWY 98 MIRAMAR BEACH DESTIN FL 32541 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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, 2000 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 44.53 OFFICERS AND DIRECTORS 12. TITLE x Change ☐ Addition ☐ Delete DITLE GRIMALDI, BARBARA R NAME NAME 686 Old Hwy 98 STREET ADDRESS 856 OLD HWY 98 STREET ADDRESS Miramar Beach/Destin, FL 32541 CITY-ST-ZIP CITY-ST-7/P VIA DESTIN, FL 00000 Change ★ Addition Delete TITLE WRIGHT, MARION G. NAME NAME STREET ADDRESS 4485 N NINTH AVE. STREET ADDRESS Pensacola, FL 32503 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL TITLE ☐ Detete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

January 7, 2000

(850) 837-6216