2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 17, 2000 8:00 am Secretary of State DOCUMENT # 286993 1. Entity Name 2552 CORPORATION 03-17-2000 90047 009 ***150.00 Principal Place of Business Mailing Address 2552 S FEDERAL HWY #2 2552 S FEDERAL HWY #2 **BOYNTON BCH FL 33435** BOYNTON BCH FL 33435-7734 A0031042 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number NOT APPLICABLE Not Applicable Country Zip 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 BUTKUS, STEPHEN A. Street Address (P.O. Box Number is Not Acceptable) 2552 S FEDERAL HWY #2 **BOYNTON BCH FL 33435** Zip Code 8. The above named entity Jubmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. DΡ ☐ Change Addition TITLE TITLE ☐ Delete BUTKUS, STEPHEN NAME NAME 2552 S FEDERAL HWY #2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH, FL 00000** Change ☐ Addition ☐ Delete TITLE SUTTER, VIRGINIA NAME NAME STREET ADDRESS 2552 S FEDERAL HWY #3 STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP **BOYNTON BCH, FL 00000** Change ☐ Addition TITLE Delete TITLE LINDBLAD, RUTH NAME NAME STREET ADDRESS 2552 S FEDERAL HWY #14 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BCH, FL 00000** DVP Change Addition ☐ Delete TITLE TITLE MIKULEC, PATRICIA NAME NAME 2552 S FEDERAL HWY #10 STREET ADDRESS STREET ADDRESS **BOYNTON BCH, FL 00000** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE GOZIO , GISARGU NAME NAME s feo Hwu STREET ADDRESS STREET ADDRESS assa CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-00

Date Daytime Phone