2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 13, 2000 8:00 am Secretary of State **DOCUMENT # 382744** 1. Entity Name THE ARTWORK SHOP, INC. 04-13-2000 90002 028 ***150.00 Principal Place of Business Mailing Address 1309 3RD STREET SOUTH 1309 3RD STREET SOUTH NAPLES FL 34102 NAPLES FL 34102-7203 UUU59673 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1352042 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SHAFER, JAMES W. Street Address (P.O. Box Number is Not Acceptable) 1309 3RD ST SOUTH NAPLES FL 34102 City Zip Code FI 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PDT TITLE ☐ Delete TITLE ☐ Change Addition SHAFER, JAMES W. NAME NAME STREET ADDRESS 2525 DAWN CIRCLE STREET ADDRESS NAPLES FL 34103 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET MUDDLESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME : Annaggg STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME

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 effect 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 vith an address, with all other like appowered.

STREET ADDRESS CITY-ST-ZIP

HENATURE

VDDDE22

ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

G OFFICER OR DIRECTOR

4/6/00

Daytime Phone #