2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am Secretary of State DOCUMENT # 408654 1. Entity Name SCOTTY'S ENTERPRISES, INC. 03-21-2000 90007 027 ***150.00 Mailing Address Principal Place of Business 2002 MATTISON DR. N.E. 2002 MATTISON DR. N.E. 2002 MATTISON DRIVE 2002 MATTISON DRIVE PALM BAY FL 32905 PALM BAY FL 32905-3940 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 59-1500674 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required -6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STRUTH, JOHN G Street Address (P.O. Box Number is Not Acceptable) 2002 MATTISON DR NE PALM BAY FL 32905 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 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PTD ☐ Change Addition TITLE TITLE ☐ Defete STRUTH, JOHN G. NAME NAME STREET ADDRESS 2002 MATTISON DR NE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL **VSD** Change Addition ☐ Delete TITLE STRUTH, HARRIET NAME STREET ADDRESS 2002 MATTISON DR NE STREET ADDRESS CITY-ST-ZIF PALM BAY FL CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Addition TITLE ☐ Change TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE TITLE Delete

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: 🗘

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 6, 2000

321-728-1443

Daytime Phone #