2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 07, 2001 8:00 am Secretary of State DOCUMENT #,520394 1. Entity Name CRYSTALS INTERNATIONAL INC. 04-07-2001 90023 040 ***150.00 Mailing Address Principal Place of Business 800 W DR MILK JR. BLVD. 600 W DR MLK JR. BLVD. PLANT CITY FL 33566 PLANT CITY FL 33566 TOTIOL US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1734667 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CLOSSHEY, JENNIFER E. Street Address (P.O. Box Number is Not Acceptable) 600 W DR. ML KING JR. BLVD. PLANT CITY FL 33566 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 After MAY 1, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE Delete TITLE NAME CARR, WILLIAM G NAME STREET ADDRESS STREET ADDRESS 2210 WEDGEWOOD CT. CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL 33567 C PCEO ☐ Addition **PCEO** Delete TITLE TITLE CLOSSHEY, JENNIFER NAME STREET ADDRESS STREET ADDRESS 2111 GOLFVIEW DR CITY-ST-ZIP CITY-ST-7IP PLANT CITY FL ☐ Addition TITLE Tharles P. Closshev NAME CARR, ELISA M. - ---NAME aill Golfview Dr. n. STREET ADDRESS 2210 WEDGEWOOD CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PLANT CITY FL ☐ Addition TITLE TITLE MARSHALL, LEWIS G. NAME NAME harleene.11. Clossney STREET ADDRESS 3220 GRANDA ST W STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33629 Change ☐ Addition TITLE ry J. Wolfson ☐ Delete NAME NAME vd. of the Arts #1711 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNING OFFICER OR DIRECTOR

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

SIGNATURE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

04-04-01

813-359-5100

Change

Addition

Daytime Phone #