2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 543997 Mar 31, 2000 8:00 am 1. Entity Name **Secretary of State** THE DORCAS MANUFACTURING COMPANY 03-31-2000 90041 037 ***150.00 Principal Place of Business Mailing Address 4200 31ST STREET NORTH 4200 31ST STREET NORTH ST. PETERSBURG FL 33714-4518 ST. PETERSBURG FL 33714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1765114 Not Applicable Country \$8.75 Additional Zip 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 CAMPAGNA, DONALD N. Street Address (P.O. Box Number is Not Acceptable) 4200 31ST STREET NORTH ST. PETERSBURG FL 33714 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible to 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change Addition TITLE ☐ Delete CAMPAGNA, DONALD N. NAME STREET ADDRESS STREET ADDRESS 4200 31ST ST N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL ☐ Delete TITLE ☐ Change ☐ Addition TITLE CAMPAGNA, RUTH A. NAME NAME STREET ADDRESS STREET ADDRESS 4200 31ST ST N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition TITLE TITLE NAME 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.

WITH A. CAMPAGNA

RIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR