2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 622503 May 03, 2000 8:00 am Secretary of State CLEVELAND MARKET, INC. 05-03-2000 90022 046 ***150.00 Principal Place of Business Mailing Address 1732 STEADLEY AVE 1732 STEADLEY AVE PUNTA GORDA FL 33950-6099 PUNTA GORDA FL 33950-6030 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 59-1908004 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ROGERS, DONALD N. Street Address (P.O. Box Number is Not Acceptable) 1732 STEADLEY AVE **PUNTA GORDA FL 33950** 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 DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. PD TITLE Change ☐ Addition TITLE ☐ Delete ROGERS, DONALD N. NAME NAME STREET ADDRESS 1732 STEADLEY AVE. STREET ADDRESS $e^{-\frac{1}{2}} e_i t_i t$ CITY-ST-ZIP CITY-ST-ZIP **PUNTA GORDA FL** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SAVASUK, MICHELLE A. MARKE NAME STREET ADDRESS STREET ADDRESS 425 WEST ANN ST. CITY-ST-ZIF PUNTA GORDA FL CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-7IP

SIGNATURE:

CITY-ST-ZIP

SIGNOTOPE APPLY OF TRUTE BY ASE OF THE STREET OF DIRECTOR

4-19-00

941) 639-2568