2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 667318 Mar 13, 2000 8:00 am 1. Entity Name **Secretary of State** DUNNE FIELD HOLDINGS INC., U.S.A. 03-13-2000 90008 013 ***150.00 Principal Place of Business Mailing Address C/O DENNIS R DELOACH JR NOBLETON ONT. CANADA LOG 8640 SEMINOLE BLVD: ... SEMINOLE FL 33772 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2024819 Not Applicable Zip Country Country \$8.75 Additional Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DELOACH, DENNIS R JR Street Address (P.O. Box Number is Not Acceptable) 8640 SEMINOLE BLVD SEMINOLE FL 34642 Zip Code City 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 . 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. STD [Change ☐ Addition TITLE ☐ Delete TITLE NAME DUNNE, BARBARA STREET ADDRESS STREET ADDRESS 153 RUSSELLSNIDER DR., BOX 251 CITY-ST-ZIP CITY-ST-ZIP NOBLETON, ONTARIO CANADA LOG- 1NO TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition 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 13. 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 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.

Daytime Phone #