2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

FILED Jun 20, 2001 8:00 am Secretary of State DOCUMENT # F00000006836 1. Entity Name N.D.Y., INC. 06-20-2001 90015 005 ***150.00 Principal Place of Business Mailing Address 10150 DANIELS PARKWAY 10150 DANIELS PARKWAY OVUITUUI FT MYERS FL 33913 FT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address Starkway 0150 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 41-1500818 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name YENISH, TOM Street Address (P.O. Box Number is Not Acceptable) 10150 DANIELS PARKWAY FT MYERS FL 33913 City 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 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 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Addition ☐ Delete TITLE NAME YENISH, TOM NAME STREET ADDRESS STREET ADDRESS 647 NUNA AVE LOT 3 CITY-ST-ZIP CITY-ST-7IP FT MYERS FL 33905 ■ Addition ☐ Delete TITLE ☐ Change TITLE NAME YENISH, NORB NAME STREET ADDRESS STREET ADDRESS 647 NUNA AVE LOT 3 CITY-ST-ZIP CITY-ST-ZIP FT MYERS FL 33905 ☐ Addition TITLE ☐ Delete ☐ Change NAME YENISH, DONNA NAME STREET ADDRESS STREET ADDRESS 1092 WEST-CLIFF CURVE CITY-ST-ZIP CITY-ST-ZIP SHOREVIEW MN 55126 TITLE ☐ Delete TITLE Change ☐ Addition NAME YENISH, PATTI NAME STREET ADDRESS STREET ADDRESS 8030 MT CURVE BLVD CITY-ST-ZIP CITY-ST-7IP BROOKLYN PARK MN 55445 ☐ Delete ☐ Change ☐ Addition NAME LANG, DIANE STREET ADDRESS STREET ADDRESS 459 THOMPSON AVE W CITY-ST-ZIP CITY-ST-ZIP WEST ST PAUL MN 55118-3026 Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

Daytime Phone #

Date



attachment DOC# FOODDOODS34

June 7, 2001

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

To whom it may concern,

We just received this application in the mail this week, and saw that we were already too late to meet the dead line. We do not understand why it was not sent to us sooner. As we are a new business, we were unaware that we even needed to reapply to keep our business name. Our records show that we began using NDY Inc. on Dec. 12, 2000. Therefore, we did not Expect that it would already be time to renew, and did not realize that we should be looking for this application.

We are asking that under the circumstances that the penalty fee be waived. Should you need to contact me you may reach me at: 941-791-5000 (Office) or 941-281-1177 (Mobile).

Sincerely,

Dawn Gillespie, Administrative Assistant