2001 UNIFORM BUSINESS RÉPORT (UBR) FILED Jan 12, 2001 8:00 am Secretary of State 01-12-2001 90021 045 ***150.00 DOCUMENT # F51957 1. Entity Name ARMCOR CORP. Principal Place of Business Mailing Address 713 S. ORANGE AVE. 713 S. ORANGE AVE. SARASOTA FL 34236-7717 SARASOTA FL 34236-7717 600506 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 59-2137229 City & State Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MERCURIO, JOHN J. Street Address (P.O. Box Number is Not Acceptable) 713 S. ORANGE AVE. SUITE 303-B SARASOTA FL 33577 City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so 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 12. 11. CR2E034 (10/00) ☐ Change ☐ Addition DSP ☐ Delete TITLE MERCURIO, JOHN J NAME NAME 713 SOUTH ORANGE AVENUE STREET ADDRESS STREET ADDRESS SARASOTA, FL 00000 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE MERCURIO, SANDRA NAME NAME STREET ADDRESS 3972 HELENA ST STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE 1171 F ☐ Delete NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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