2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **F94000000383** Mar 10, 2000 8:00 am **Secretary of State** D & L HOUSE OF LEATHER, INC. 03-10-2000 90029 024 ***150.00 Principal Place of Business Mailing Address 350 MAIN STREET - ROUTE 28 350 MAIN STREET - ROUTE 28 WEST YARMOUTH MA 02673-4643 WEST YARMOUTH MA 02673 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 04-3056215 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 5.-Name and Address of Current Registered Agent. Name DONAHUE, DENISE Street Address (P.O. Box Number is Not Acceptable) 15 BETH LANE PALM COAST FL 23117 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 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition **PCST** TITLE Delete TITLE DONAHUE, DENISE NAME STREET ADDRESS STREET ADDRESS 15 BETH LANE CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Addition ☐ Delete TITLE TITLE NAME NAME DONAHUE, WILLIAM 10 Walnut Lane STREET ADDRESS STREET ADDRESS 15 BETH LANE CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32137 ☐ Addition ☐ Delete TITLE TITLE CHAREST, DORIS NAMÉ STREET ADDRESS STREET ADDRESS 384 LAKESIDE DRIVE Marstons Mills MA O3 648 CITY-ST-ZIP CITY-ST-ZIE MARATHON FL 02648 ☐ Addition TITLE Delete TITLE ATCHESON, MICHELLE NAME NAME STREET ADDRESS STREET ADDRESS 384 LAKESIDE DRIVE CITY-ST-ZIP CITY-ST-ZIP MARSTONS MILLS MA ☐ Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P

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 attackment with an address, with all other like empowered.

SIGNATURE: