2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # F9600001112 May 08, 2000 8:00 am 1. Entity Name Secretary of State P.S. PROFESSIONAL STORE, INC. 05-08-2000 90143 026 ***150.00 Principal Place of Business Mailing Address 20135 CHEETAH LANE 20135 CHEETAH LANE ESTERO FL 33928-2006 ESTERO EL 33928 Principal Place of Business Mailing Address Ne.N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number 43-1582264 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARMSTRONG, ALAN A Street Address (P.O. Box Number is Not Acceptable) 20135 CHEETAH LANE ESTERO FL 33928 Zip Code ip∕the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CPSD** ☐ Change Addition ☐ Delete TITLE TITLE HAREMZA, FRED NAME NAME STREET ADDRESS **BURGWALDSTRASSE 24A,86911** STREET ADDRESS CITY-ST-7IP DIESSEN-AMMERSEE, GERMANY CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change HAREMZA, RUTH NAME **BURGWALDSTRASSE 24A,86911** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DIESSEN-AMMERSEE, GERMANY _ Delete TITLE . . Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

Daytime Phone #

changed, or on an attachment with an address, with all other like en