2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Feb 05, 2000 8:00 am Secretary of State DOCUMENT # F9600006053 ZACHARIAH AND LUNDBERGH, INC. 02-05-2000 90011 008 ***150.00 Principal Place of Business Mailing Address 960 CHALMER DR #105 960 CHALMER DR #105 MARCO ISLAND FL 34145 MARCO ISLAND FL 34145-2508 00013443 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-2466886 Not ≏..... Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LUNDBERGH, STELLA Street Address (P.O. Box Number is Not Acceptable) 960 CHALMER DR #105 MARCO ISLAND FL 34145 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (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 Atter 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **DCPS** A AADD-Change Delete TITLE TITLE LUNDBERGH, PAUL Z NAME NAME STREET ADDRESS STREET ADDRESS 1420 QUINTARA CT CITY-ST-ZIP MARCO ISLAND FL 34145 CITY-ST-ZIP Delete Change ■ Addition TITLE LUNDBERGH, STELLA D NAME STREET ADDRESS 1420 QUINTARA CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITI F ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Delete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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 tystee empowered to exercise 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.

NTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE

Vice Presider 1/25/2000 94/-642-