2000 UNIFORM BUSINESS REPORT (UBR)

Mar 22, 2000 8:00 am Secretary of State DOCUMENT # F98000002820 1. Entity Name FORTIFIED SCIENCES, INC. 03-22-2000 90080 039 ***150.00 Mailing Address Principal Place of Business 711 SOUTH RIO VISTA BLVD. 711 SOUTH RIO VISTA BLVD. C/O BRADLEY E. MCNUTT C/O BRADLEY E. MCNUTT FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316-1250 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FÉI Number City & State 65-0833026 Not Applicable \$8.75 Additional Country Zip Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCNUTT, BRADLEY E Street Address (P.O. Box Number is Not Acceptable) 711 SOUTH RIO VISTA BLVD. C/O BRADLEY E. MCNUTT FORT LAUDERDALE FL 33316 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Detete TITLE JACKSON, HERSCHEL S NAME NAME STREET ADDRESS STREET ADDRESS 1522 CANTERBURY DRIVE CITY-ST-ZIP CITY-ST-7IP MURRAY KY 42071 TITLE Change ☐ Addition VCD ☐ Delete STOUT, RICHARD H NAME NAME STREET ADDRESS STREET ADDRESS **805 OLIVE STREET** CITY-ST-ZIP CITY-ST-ZIP MURRAY KY 42071 Change Addition TITI F DSCO' Delete NAME MCNUTT, BRADLEY E STREET ADDRESS 711 SOUTH RIO VISTA BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Addition Change TITLE CEOT ☐ Delete TITLE SOUAID, ROBERT G NAME NAME STREET ADDRESS STREET ADDRESS 6440 N. BAY ROAD CITY-ST-ZIP CITY-ST-ZIP MIAMI BEACH FL 33141 Change ☐ Addition TITLE ☐ Delete 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-7IP CITY-ST-ZIP

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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 myddless with all other like empowered. SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: _

13. I hereby 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