2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2001 8:00 am
Secretary of State
04-17-2001 90059 023 ***150.00

DOCUMENT # G36837

1. Entity Name
VIOLET SPECIALTIES, INC.

Principal Place of Business	Mailing Address
107 AIRVIEW ST. LEHIGH ACRES FL 33936	107 AIRVIEW ST. LEHIGH ACRES FL 33936

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
3775 Fowler St.	3775 Fowler St.
Suite, Apt. #, etc.: B	Suite, Apt. #, etc.: B
City & State: FORT MYERS, FL	City & State: FORT MYERS, FL
Zip: 33901 Country: U.S.A.	Zip: 33901 Country:

4. FEI Number 59-2471189 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROJAS, VAYOLA S. 107 AIRVIEW ST. LEHIGH ACRES FL 33936	Name: ROJAS, VAYOLA S. Street Address (P.O. Box Number is Not Acceptable): 1453 SCENIC ST City: LEHIGH ACRES FL Zip Code: 33936

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] VAYOLA S. ROJAS 4/17/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☑

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROJAS, VAYOLA S. 107 AIRVIEW ST. LEHIGH ACRES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ROJAS, VAYOLA S 1453 SCENIC ST LEHIGH ACRES, FL 33936	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROJAS, MANUEL H 107 AIRVIEW ST. LEHIGH ACRES FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROJAS, MANUEL H 1453 SCENIC ST. LEHIGH ACRES, FL 33936	☑ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/00)

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.

SIGNATURE: [signature] MANUEL H. ROJAS 4/17/01 (941) 369-7989
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #