2000 UNIFORM BUSINESS REPORT (UBR) FILED Sep 15, 2000 8:00 am Secretary of State DOCUMENT # H45557 1. Entity Name SUMMERS TIME, INC. 09-15-2000 90011 022 ***550.00 Principal Place of Business Mailing Address 1534 NW 1ST AVENUE 1534 NW 1ST AVENUE **BOCA RATON FL 33432 BOCA RATON FL 33432** A0078229 2. Principal Place of Business 3. Mailing Address WM HJE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-25 19939 BOCA RATON Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired BEACH Fee Required *1L1*45 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SUMMERS, DAVID W. Street Address (P.O. Box Number is Not Acceptable) 364 NW 35 STREET **BOCA RATON FL 33431** 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 \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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. Addition TITLE ☐ Delete TITLE SUMMERS, DAVID W. NAME NAME TERRETE EE WH PUE STREET ADDRESS 1534 N.W. 1ST AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** 17, MOTAST TITLE ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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