2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State **DOCUMENT # H50601** 1. Entity Name D. TOFFEL, INC. 05-11-2001 90085 031 ***158.75 Principal Place of Business Mailing Address P.O. BOX 7442 P.O. BOX 7442 JUPITER FL 33468-7442 JUPITER FL 33468-7442 US U\$ 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. FEI Number City & State 59-2530538 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TOFFEL, DON Street Address (P.O. Box Number is Not Acceptable) 17736 123 TERR. N. JUPITER FL 33478 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. DON J. TOFFEL gistered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE PS TITI F 101 TERR. N. NAME TOFFEL, DON NAME STREET ADDRESS STREET ADDRESS 17736 123 TERR. N. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 Change ☐ Addition ☐ Defete TITLE **VP** TITLE NAME 101ST TERR. N. TOFFEL, OLITA MAME STREET ADDRESS STREET ADDRESS 17736 123 TERR. N. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33478 ☐ 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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 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 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: