2000 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2000 8:00 am Secretary of State **DOCUMENT # H66204** 1. Entity Name DISTINCTIVE ENTERPRISES, INC. 05-02-2000 90079 025 ***150.00 Principal Place of Business Mailing Address 2040 OLD DIXIE HWY SW 460 10TH ST. SW VERO BEACH FL 32962 VERO BEACH FL 32962-5648 2. Principal Place of Business 3. Mailing Address 1406 OLD DIXIE HWY SW Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2572312 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name CLARK, ROBERT G. Street Address (P.O. Box Number is Not Acceptable) -1930-14711-AVENUE VERO-BEACH FL 92960 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. (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. After 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2F034 (9/99) TITLE ☐ Delete ☐ Change ☐ Addition BEAUMIER, EDWARD NAME 460 10TH ST SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH FL 32962 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE BEAUMIER, EDWARD NAME NAME 460 10TH ST SW STREET ADDRESS STREET ADDRESS CITY-ST-ZIE VERO BCH FL 32962 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE BEAUMIER, EDWARD NAME NAME 460 10TH ST SW STREET ADDRESS STREET ADDRESS VERO BCH FL 32962 CITY-ST-ZIP CITY - ST- ZIP JANICE BARNETT Delete 400 10 STREET 5.W. VERO BEACH, FL. 3290 TITLE TITLE JANICE BARNETT NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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.

CITY-ST-ZIP

TITLE

name Street address

SIGNATURE:

TITLE

NAME

STREET ADDRESS CUTY-ST-ZIP

SIGNATURE AND TYPED ON AGINTED JAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

4-24-00

561-562-4700

☐ Change

☐ Addition