2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # J16220 Apr 03, 2000 8:00 am Secretary of State CONCH REPUBLIC WOODWORKS, INC. 04-03-2000 90131 034 ***150.00 Principal Place of Business Mailing Address P.O. BOX 2892 97800 OVERSEAS HWY P.O.BOX 2892 KEY LARGO FL 33037-7892 KEY LARGO FL 33037 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite. Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2652238 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PATTERSON, BARRY Street Address (P.O. Box Number is Not Acceptable) 97800 OVERSEAS HWY P.O. BOX 2892 KEY LARGO FL 33037 Zip Code FL .6. 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 reinstaling) DATE 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) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITLE NAME NAME PATTERSON, BARRY STREET ADDRESS STREET ADDRESS P.O. BOX 2289 N/A CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change ☐ Addition □ Delete TITLE NAME PATTERSON, BARRY NAME STREET ADDRESS STREET ADDRESS 97800 OVERSEAS HWY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Delete TITLE Change ☐ Addition TITLE 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 ☐ Delete ☐ Change ☐ Addition TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 extended the properties with an additional statutes. The

SIGNATURE

Barryon Pare to or DIRECTOR

March 27, 2000

Daytime Phone #

CR2E034 (9/99