2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

SIGNATURE:

May 05, 2003 8:00 am Secretary of State **DOCUMENT** # J26033 05-05-2003 91151 021 ***150.00 1. Entity Name Mannerisms, Inc. Principal Place of Business Mailing Address 6526 Holla Street 6526 Holla Street Houston, Texas 77055 Houston, Texas 2. Principal Place of Business 3. Mailing Address 6526 Rolla Street 685-B Georgia Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. . CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 58-1684523 Houston, Texas 77055 Longwood, Florida 3275 Not Applicable Zip 77055 Country \$8.75 Additional 5. Certificate of Status Desired 32750 U.S.A. U.S.A. Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DEVORE, ROSA L. Street Address (P.O. Box Number is Not Acceptable) 685-B GEORGIA AVE. LONGWOOD FL 32750 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. PTD PTD Addition TITLE TITLE X Change ☐ Delete NAME NAME BeLude, Jeffery DeLude, Jeffery STREET ADDRESS STREET ADDRESS 6526 Holla Street 6526 Rolla Street CITY-ST-ZIP CITY-ST-ZIP Houston, Texas Houston, Texas 77055 ☐ Change ☐ Addition TITLE Defete TITLE Brigham, Joanne NAME NAME 2121 Congress Unit E STREET ADDRESS STREET ADDRESS Houston, Texas CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 10 or Block 11 if changed, or on an attachment with an address with all other like empowered. 4/30/2003 407-830-0303

4/30/2003

407-830-0297

Daytime Phone #

FILED