2001 UNIFORM BUSINESS REPORT (UBR)

Jun 05, 2001 8:00 am Secretary of State **DOCUMENT # J46116** 1. Entity Name 05-09-2001 90003 001 ***150.00 **DEMARAS, INCORPORATED** Principal Place of Business Mailing Address 1324 COCO PLUM RD 1324 COCO PLUM RD P O BOX 3387, MARATHON SHORES, FL 33052 P O BOX 3387, MARATHON SHORES, FL 33052 MARATHON SHORES FL 33052 MARATHON SHORES FL 33052 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 59-2744607 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DEMARAS, VICTOR Street Address (P.O. Box Number is Not Acceptable) 1324 COCO PLUM MARATHON FL 33050 Zip Code City 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: Ri-gistered Agent algneture required when reinstating) DATE Signature, typed or printed name of registered agent and tide if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 11. ☐ Addition CR2E034 (10/00) TITLE ☐ Delete SD DEMARAS, VICTOR NAME NAME 1324 COCO PLUM RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MARATHON FL Change ☐ Addition Delete PVPTD TITLE DEMARAS, SUE NAME NAME STREET ADDRESS 1324 COCO PLUM RD STREET ADDRESS CITY-ST-ZIP MARATHON FL CITY-ST-7IP ☐ Change ■ Addition TITLE TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-ZIP ☐ Change ☐ Addition 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

5/9/

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:

CITY-ST-ZIP