## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 20, 2000 8:00 am Secretary of State **DOCUMENT # J49310** ELASTIZELL CORPORATION OF FLORIDA, INC. 01-20-2000 90189 001 \*\*\*300.00 Principal Place of Business Mailing Address 5251 44TH ST N 6251 44TH ST N 1921 M92/ PINELLAS PARK FL 34665 PINELLAS PARK FL 33781-5900 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2748527 Not Applicable Zip Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCHIERHOLZ, JOHN C Street Address (P.O. Box Number is Not Acceptable) 6251 44TH STREET SUITE N PINELLAS PARK FL 34665 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (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 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE TITLE SCHIERHOLZ, JOHN C NAME NAME 6251-44TL S+N #1921 CR2E034 STREET ADDRESS STREET ADDRESS 14175 FOREST CREST Pinelles Park Fl 33711 CITY-ST-ZIP CITY-ST-7IP **CHESTERFIELD MO 63017** VD ☐ Delete TITLE 15119 Woods Bluff Dr Chesterfield, Mo 63017 NAME GILLUM, JACK D NAME STREET ADDRESS STREET ADDRESS 29242 BOBOLINK DRIVE CITY-ST-ZIP CITY-ST-7IP LAGUNA NIGUEL CA VSD - ----☐ Delete TITLE ☐ Addition RICHMOND, ROBERT M. NAME NAME 6251 44# 5+ N #1921 STREET ADDRESS 8693 BARDMOOR BLVD #107 STREET ADDRESS Pinelles Park, F1 33781 CITY-ST-ZIP CITY-ST-ZIP LARGO FL Change Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME # 1921 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

US

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR