2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 15, 2000 8:00 am Secretary of State **DOCUMENT # J91149** ARMADILLO ENTERPRISES, INC. 05-15-2000 90174 035 ***150.00 Principal Place of Business Mailing Address % GEORGE G. CORP % GEORGE G. CORP 1927 NE HWY 19 1927 NE HWY 19 ՄՈՈՃՈՐՆԵՐ CRYSTAL RIVER FL 34428 CRYSTAL RIVER FL 34428 2. Principal Place of Business 3. Mailing Address 2681 CAYMAN Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-2848451 FL ZELLWOOD Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 3 798 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORP KAYMOND CORP. GEORGE G. Street Address (P.O. Box Number is Not Acceptable) 1927 NE HWY 19 **CRYSTAL RIVER FL 34428** CIRCLE 2681 CAYMAN Zip Code **327**98 CLL WOOD 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 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 11. 12. PTD Change Addition TITLE ☐ Delete CORP, RAYMOND D NAME NAME STREET ADDRESS 2681 CAYMAN CIR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ZELLWOOD FL 32798 VSD TITLE ☐ Change ☐ Addition ☐ Delete TITLE CORP, THOMAS E NAME NAME STREET ADDRESS STREET ADDRESS 23 CLUBHOUSE RD CITY-ST-ZIP CITY-ST-ZIP COVENTRY RI 02816 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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.