2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # J92340** BARON L. BARTLETT, P.A. 03-15-2000 90079 043 ***150.00 Principal Place of Business Mailing Address 50 HWY A1A NORTH 50 HWY A1A, NORTH UUU37858 103 PONTE VEDRA BCH FL 32082 PONTE VEDRA BCH FL 32082 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2844936 Not Applicable Zip Zip 1 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 Name BARTLETT, BARON L. Street Address (P.O. Box Number is Not Acceptable) 50 HWY A1A NORTH SUITE 103 **PONTE VEDRA BCH FL 32082** City Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Director, Phesident, Treasurer Change Delete TITLE TITLE Bartletti Barono L. NAME NAME BARTLETT, BARON L. So Hung AIA N. , SHE 103 STREET ADDRESS STREET ADDRESS 50 HWY A1A NORTH, STE. 103 CITY-ST-ZIP CITY-ST-ZIP Ponte Vedra Box, FL 32082 PONTE VEDRA BCH FL Birector, V. President, Secretary Change Delete TITLE NAME NAME BEOBAND SO HUY HAN, Ste 103 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Ponte Vedra Boh, FL 32082 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 adcurate 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. Trustee embowered 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 likes in powered.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Defete

3/3/00

9042955299

Daytime Phone #

☐ Change

☐ Addition