2001 UNIFORM BUSINESS REPORT (ÚBR) FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # J95133** 1. Entity Name THE AYS GROUP, INC. 04-26-2001 90037 001 ***450.00 Principal Place of Business Mailing Address POST OFFICE BOX 6887 POST OFFICE BOX 6887 VERO BEACH FL 32961 VERO BEACH FL 32961 2. Principal Place of Business 3. Mailing Address 2145 same 144n Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite_Apt. #, etc. whe lo Applied For Gity & State City & State 4. FEI Number 59-2845541 each Not Applicable Country Zip \$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 SEGAL. DEBORAH Street Address (P.O. Box Number is Not Acceptable) 2145 14TH AVENUE STE 6 VERO BEACH FL 32960 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. SIGNATURE ered 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 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 12. 11. ☐ Addition PWS: PS TITLE ☐ Delete TITLE segal Deborah B. 2145 14th Ave, Steb SEGAL, DEBORAH B. NAME 2145 14TH AVE STE 6 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 ☐ Addition Change TITLE Delete TITLE SEGAL, DEBORAH B. NAME NAME STREET ADDRESS 2145 14TH AVE STE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VERO BEACH FL 32960 Addition TITLE Change Delete TITLE EDAL SHUART NAME SEGAL, Gruart 2145 19th Ave Steb NAME STREET ADDRESS ZIUS IUM AVE STREET ADDRESS Vero Beach th 32960 CITY-ST-ZIP CITY-ST-ZIP FL 32960 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR