2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am **DOCUMENT # J98087 Secretary of State** 1. Entity Name CRITTER BOYS, INC. 01-25-2001 90159 036 ***150.00 Principal Place of Business Mailing Address % GERALD M. HOLLAND % GERALD M. HOLLAND 4860 N.E. 12TH AVE. 4860 N.E. 12TH AVE. FV3VES FT. LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number NOT APPLICABLE Not Applicable Zip Country 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 HOLLAND, GERALD M. Street Address (P.O. Box Number is Not Acceptable) 4860 N.E. 12TH AVE FT. LAUDERDALE FL 33334 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE Delete TITLE Change HOLLAND, GERALD, M NAME NAME STREET ADDRESS STREET ADDRESS 1531 N.E. 42ND ST CITY-ST-ZIP CITY-ST-ZIP OAKLAND PARK FL ☐ Addition [7] Change TITLE ☐ Delete TITLE CHANDLER, HENRY J. NAME NAME STREET ADDRESS STREET ADDRESS 4860 N.E. 12TH AVE CITY-ST-7IP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/01 Date

1-954-771-2210