2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 03, 2001 8:00 am DOCUMENT # K03862 Secretary of State 1. Entity Name Claque Enterprises Corp. 05-03-2001 90930 007 \*\*\*158.75 Principal Place of Business 2011 15 Mailing Address St. Sane Vero Beach FL 32960 C0058535 2. Principal Place of Business 3. Mailing Address as above as aboug Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0012526 Not Applicable Zέο Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent W. Stewart Claque 2011 15th Street Street Address (P.O. Box Number is Not Acceptable) Vero Beach FL 32960 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 Signeture, typed or porred name of registered agent and title if applicable (NOTE: Registered Agent agressure required when reinstating) DATE FILE NOWIL FEE IS STSDOOT 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 filling requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of Stat (See criteria on back) 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE President Delete nn e Change Addition W. Stewart Claque 2011 15th Street HAME NAME STREET ADDRESS STREET ADDRESS Vero Beach FL 32960 CITY-ST-ZIP CITY-ST-ZIP Vice President TITLE Delete TITLE ☐ Change ☐ Addition H. Lynn Clague NAME NAME 2011 15th Street STREET ADDRESS STREET ADDRESS City-SI-ZP CITY-ST-ZIP Beach TITLE ☐ Change Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Detete ☐ Change Addition NAME: NUM STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE ☐ Change Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP THILE October TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling does not qualify-fer 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 cath; 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 approximation of the corporation of the corporation or the receiver or trustee empowered.

HOMATHEE