2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # K34147 Apr 17, 2001 8:00 am Secretary of State 1. Entity Name MOZART, INC. 04-17-2001 90104 021 ***150.00 Principal Place of Basiness Mailing Address 8084 PINE LAKE RD 8084 PINE LAKE RD Jacksönykle fl 32256 JACKSONVILLE FL 32256 2. Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-2925002 Not Applicable \$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 CANDETO, MICHAEL A. Street Address (P.O. Box Number is Not Acceptable) 200 W. FORSYTH ST. **SUITE 1100** JACKSONVILLE FL 32202-4308 Zip Code 8. The above named entity somits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida (NOTE: Registered Agent signature required when reinstating) agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DPT TITLE Change ☐ Addition TITLE ☐ Delete SHRIFTMAN, MORRIS NAME NAME STREET ADDRESS 8084 PINE LAKE ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL ns Change ☐ Addition TITLE Delete SERKIN, HOWARD C. MAME NAME 9538 WATERFORD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition TITLE ☐ Delete TITLE SHRIFTMAN, FELICE NAME. NAME_ STREET ADDRESS **8084 PINE LAKE ROAD** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 repolt 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 twistee 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 attack timent with an address, with all other like empowered.

SIGNATURE:

A Shaller and typen on printed name of signing officer or director

Date 904. SUBPRICES