FILED **2002 UNIFORM BUSINESS REPORT (UBR)** Feb 25, 2002 8:00 am Secretary of State DOCUMENT # K47832 1. Entity Name VENUS MANUFACTURING, INC. 02-25-2002 90571 043 ***150.00 Principal Place of Business Mailing Address 11711-MARCO BEACH DRIVE 11711 MARCO BEACH DRIVE SUITE 6 SUITE 6 JACKSONVILLE FL 32224-7615 JACKSONVILLE FL 32224-7615 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2930386 Not Applicable 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 <u>Abraham, Reiter & McCormick, P.A.</u> BRANT, MOORE, MACDONALD & WELLS, P.A. Street Address (P.O. Box Number is Not Acceptable) 50 N. Laura Street, Suite 2750 50 N. LAURA STREET SUITE 3100 JACKSONVILLE FL 32202 Zip Code 32202 City Jacksonville. 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. (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, 2002 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE ☐ Delete TITLE Change REINFENSNYDER: ROGER R NAME NAME STREET ADDRESS 11711 MARCO BEACH DRIVE STREET ADDRESS JACKSONVILLE FL 32224 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition RÉINFENSNYDER, LETITIA F NAME NAME 11711 MARCO BEACH DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP JACKSONVILLE FL 32224 CITY-ST-ZIP TITLE Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITI F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TIT! F [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IS CITY-ST-7IP

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 of supplier each 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 of trustee empowered to execute this report as equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or an artistachment with an address with all other like empowered.

SIGNATURE: SIGNATURE SIGNATURE OF SIGNING OF FICER OR DIRECTOR

2/2/2002 Daytirrie Phone #

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