2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **K49552** Apr 27, 2000 8:00 am Secretary of State 1. Entity Name THE BRAND COMPANY, INC. 04-27-2000 90081 023 ***150.00 Mailing Address Principal Place of Business % J. BRAND SPANGENBERG % J. BRAND SPANGENBERG 8402 RED BAY COURT 8402 RED BAY COURT VERO BEACH FL 32963 VERO BEACH FL 32963-3902 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 4. FEI Number Applied For City & State 39-1301183 Not Applicable Zip **3** \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPANGENBERG, J. BRAND Street Address (P.O. Box Number is Not Acceptable) 8402 RED BAY COURT VERO BEACH FL 32963 Zip Cod 32963 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE SPANGENBERG, J. BRAND NAME NAME 181 SHORES ARIVE -8402 RED BAY COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP vero beach fl CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE SPANGENBERG, SIGRID R NAME NAME 8402 RED BAY COURT STREET ADDRESS STREET ADDRESS VERO BEACH FL CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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

13. I hereby 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 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 andress with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/00 Sb1-231-Daytime Phone # 1807