2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 12, 2000 8:00 am Secretary of State **DOCUMENT # K68823** 1. Entity Name CORPORATE INVESTMENT INTERNATIONAL, INC. 04-12-2000 90081 008 ***150.00 Principal Place of Business Mailing Address C/O RICHARD E. READ C/O RICHARD E. READ 101 WYMORE RD #225 101 WYMORE RD #225 ALTAMONTE SPGS FL 32804-7045 ALTAMONTE SPGS FL 32714 Principal Place of Business 1999 IN. CoLONIAL 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For 59-2995815 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name READ, RICHARD E. Box Number is Not Acceptable 101 WYMORE RD #225 SUITE 301 ALTAMONTE SPGS FL 32714 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) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. Change ☐ Addition ☐ Delete TITLE TITLE 1999 W. Colonist DR LEVY, ROBERT L NAME NAME STREET ADDRESS 136 HARROGATE PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL DIGLIO, CRESS 1999 W. COLONIAL TOR D۷ ☐ Addition TITLE ☐ Delete TITLE CIGLIO, CRESS NAME 7276 SPRING VILLA CIRCLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32819 Change ☐ Addition TITLE - 🔄 Delete READ, RICHARD E. NAME NAME STREET ADDRESS 101 WYMORE RD #225 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Delete TITLE TITLE RICKLICK, KEN NAME NAME STREET ADDRESS STREET ADDRESS 101 WYMORE RD #225 CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL ☐ Addition TITLE □ 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 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:

changed, or on an attachment with