DOCU 1. Entity Nam SU-LU, I		FILED Jan 29, 2000 8:00 am Secretary of State					
Principal Plac	e of Business	Mailing Address			-29-2000 90010		
% SUSIE BATES JACOBS 6100 S HWY 17-92 FERN PARK FL 32730		% SUSIE BATES JACOBS 6100 S HWY 17-92 FERN PARK FL 32730					
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		7	DO NOT WRITE IN	THIS SPACE	
City & State		City & State		4. FEI Number	59-2942136		oplied For ot Applicable
Zip	Country	Zip	Country	5. Certificate of S	Status Desired	\$8.75 Add Fee Require	
	6. Name and Address of Current I	Registered Agent	Name		dress of New Regist	ered Agent	~ .
JACOBS, SUSIE BATES 6100 S HWY 17-92 FERN PARK FL 32730				(P.O. Box Number is	Not Acceptable)		
			City			FL Zip Cod	е
8. The above	named entity submits this statement for	-auls	registered office or registe		the State of Florida.	1-24-20 DATE	700_
Tax filing r	oration is eligible to satisfy its Intangible equirement and elects to do so. ia on back)	After MAY 1, 20	!! FEE IS \$150.00 00 Fee will be \$550.00 le to Department of St	Trust F	n Campaign Financir und Contribution.	~	May Be I to Fees
11.	OFFICERS AND (DIRECTORS	12.	ADDITIONS/CH/	ANGES TO OFFICER	S AND DIRECTOR	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JACOBS, SUSIE BATES 6100 S HWY 17-92	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME	FERN PARK FL	☐ Delete	TITLE			☐ Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP				
TITLE		☐ Delete	TITLE			Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP			NAME STREET ADDRESS CITY-ST-ZIP		e - 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1 € 1	-	
TITLE NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
CITY-ST-ZIP			CITY-ST-ZIP				
NAME STREET ADDRESS		☐ Delete	TITLE NAME STREET ADDRESS			☐ Change	Addition
TITLE NAME STREET ADDRESS		☐ Delete	CITY-ST-ZIP TITLE NAME STREET ADDRESS			☐ Change	☐ Addition
CITY-ST-ZIP	ertify that the information supplied with	this filing does not qualify for	CITY-ST-ZIP	ection 119.07(3)(i), Fi	lorida Statutes. I furth	er certify that the in	nformation

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: