FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 28, 2001 8:00 am Secretary of State DOCUMENT # **K74997** THE GLACIER GROUP, INC. 2-28-2001 90075 015 ***150.00 Mailing Address Principal Place of Business 3228 LAS BRISAS DR JESSICA SCOTT RIVERVIEW FL 33569 P.O. BOX 18105 00020086 **TAMPA FL 33679** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0113451 Not Applicable Zip Country Zip Country \$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 SCOTT, JESSICA Street Address (P.O. Box Number is Not Acceptable) 3228 LAS BRISAS DR RIVERVIEW FL 33569 Zip Code 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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, 2001 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change ☐ Addition TITLE Delete DE ONA FERRE, MANUEL A. NAME NAME STREET ADDRESS STREET ADDRESS BOX 2073-1000 LA URUCA CITY-ST-ZIP CITY-ST-ZIP SAN JOSE, COSTA RICA Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME SCOTT, JESSICA STREET ADDRESS STREET ADDRESS 3228 LAS BRISAS DR CITY-ST-ZIP CITY-ST-ZIP RIVERVIEW FL 33569 Channe Addition TITLE Delete 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-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE 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 accordate 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.

NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE - Sural Mu Stall

2-21-01

Daytime Phone #

CR2E034 (10/00)