2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # K76372 Apr 07, 2000 8:00 am Secretary of State ATTITUDES IN DESIGN, INC. 04-07-2000 90034 038 ***150.00 Principal Place of Business Mailing Address 10858 PINE BARK LANE 10858 PINE BARK LANE **BOCA RATON FL 33428** BOCA RATON FL 33428-2852 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0109208 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINER, CHARLOTTE Street Address (P.O. Box Number is Not Acceptable) 10858 PINE BARK LANE **BOCA RATON FL 33428** Zip Code FL 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) 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. DPS Addition Change Delete TITLE TITLE WEINER, CHARLOTTE NAME 10858 PINE BARK LANE STREET ADDRESS STREET ADDRESS BOCA RATON FL 33428 C!TY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change TITLE TITLE WEINER, CHARLOTTE NAME NAME 10858 PINE BARK LANE STREET ADDRESS STREET ADDRESS BOCA RATON FL 33428 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delate 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 ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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. CHARLOTTE WEINER 1/25/2000

SIGNATURE: