FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 21, 2001 8:00 am DOCUMENT # 193396 Secretary of State SAFE-TEX, INC 05-21-2001 90358 031 ***158.75 8 Principal Place of Business Mailing Address \$55 BALD EAGLE DR. P.O. BOX 1897 MARCO ISLAND, MARCO ISLAND, FL FL 34146-1897 34145 2. Principal Place of Business 3. Mailing Address ABOVE SAME A5 ABOVE SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA u SA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OLIS, KATHERINE S. GRUBER KATHERINE Street Address (P.O. Box Number is Not Acceptable) 123 SAN SAWADOR ST NAPLES, FL 34143 City 8. The above named entity submits this statement to the purpose of changing its registered office or registered agent, or both, in the State of Florida OLIS, عالم \subseteq . Signature, typed or printed risme of registered agent and title it applicable FILE NOW!!! FEE IS \$150:00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so. After MAY,1, 2001 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 11. CR2E034 (11/00) Delete PST Addition TITLE TITLE P NAME GRUBER, KATHERINE NAME KATHERINE S. STREET ADDRESS STREET ADDRESS 855 BALD EAGLE DR CITY-SY-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP Change Addition MLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 CITY-ST-ZIP Change Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete THE HAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change Addition UTLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-78 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

DIGNATURE AND TIPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR