2000 UNIFORM BUSINESS REPORT (UBR) Apr 18, 2000 8:00 am Secretary of State **DOCUMENT # L79127** 17-92 CORPORATION 04-18-2000 90267 009 ***150.00 Mailing Address Principal Place of Business 1311 N ST RD 7 18801 MACK DAIRY RD JUPITER FL 33478-2149 MARGATE FL 33063 C0065345 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0207061 Not Applicable 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 DEMERS, MARC Street Address (P.O. Box Number is Not Acceptable) 18801 SE MACK DAIRY RD JUPITER FL 33478 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 DATE 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 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 OFFICERS AND DIRECTORS 12. 11. PSTD ☐ Change ■ Addition ☐ Delete TITLE TITLE DEMERS, MARC NAME STREET ADDRESS STREET ADDRESS 18801 SE MACK DAIRY RD CITY-ST-ZIP CITY-ST-ZIP Jupiter Fl Addition ☐ Change Delete TITI F DEMERS, JULIE NAME STREET ADDRESS 18801 SE MACK DAIRY RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP jupiter fl ☐ Change Addition ☐ 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-7IP ☐ Addition ☐ Delete ☐ Change TITLE 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 I hereby certify that the information supplied with this filing does not cualify 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 impowered 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 appears in Block 11 or Block 12 if changed.

4-10-00 SIGNATURE:

required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

561 745 9099

Daytime Phone #