2000 UNIFORM BUSINESS REPORT (UBR)

.L99000002201 DOCUMENT# 1. Entity Name HAPPY CONINE, L.C. 00 MAYI-1 PHI2: no SECRETARY OF STATE
TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 319 MOUNTAIN DRIVE 319 MOUNTAIN DRIVE **DESTIN FL 32541-2336** DESTIN FL 32541 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable <u>59-3570508</u> Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MATTHEWS, DANA C ESQ Street Address (P.O. Box Number is Not Acceptable) MATTHEWS & HAWKINS, P.A. 607 HIGHWAY 98 EAST DESTIN FL 32541 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** (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 Make Check Pavable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. Addition MGR ☐ Channe TITLE TITLE ☐ Nedeta HAPPY STORES, INC. NAME NAME 600003259396 319 MOUNTAIN DRIVE STREET ADDRESS STREET ADDRESS -05/19/00--01083--007 DESTIN FL 32541 CITY-ST-ZIP CITY-ST-ZIP *****50.00 ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Addition | TITLE Change Delete TIDE MAME MIME STREET ADDRESS STRFFT ADDRESS CITY-ST-EIP CITY-ST-71P Change Addition | TITLE Delete TITLE MAME MAME STREET ANARESS STREET ADDRESS CITY- ST- 71P CITY-ST-ZIP Addition Channe Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-87-ZLP Change Addition MILE Delete TITLE STREET ADDRESS STREET ADDRESS CITY-8T-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

APPROVED