2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L99000005934 1. Entity Name THE DELPERKS COMPANY, LLC 00 HAR 22 PM 2:57 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 118 WEST ORANGE STREET 118 WEST ORANGE STREET ALTAMONTE SPRINGS FL 32714-2537 ALTAMONTE SPRINGS FL 32714 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 360437 Not Applicable 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 GOLDBERG, RUSSELL Street Address (P.O. Box Number is Not Acceptable) 118 WEST ORANGE STREET **ALTAMONTE SPRINGS FL 32714** Zip Code City 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 Fiorida. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES 9. MANAGING MEMBERS/MEMBERS 10. Change MGR ☐ Deleta TITLE TITLE GOLDBERG, RUSSELL NAME NAME 500003183615--STREET ACDRESS 118 WEST ORANGE STREET STREET ADDRESS -03/24/00--01098--011 CITY- 8T- ZIP ALTAMONTE SPRINGS FL CITY-ST-ZIP *****50.00 TITLE Delate NAME RAME STREET ADDRESS STREET ADDRESS CITY ST CITY-ST-ZIP Change ■ Addition Deleta TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-8T-ZIP CITY- 81- 219 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS C1TY - 2T- 71P CITY- 8T- 21P Addition Change TITLE ☐ Delote TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY- 27-7(P CITY- ST- 71P ☐ Delate Change ☐ Addition TITLE TITLE NAME STREET ACCRESS STREET ADDRESS CITY-ST-7IP CITY- 21- 71P 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 limited liability company or the receiver trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER

3-20-00