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2002 UNIFORM BUSINESS REPORT (UBR)

Apr 22, 2002 8:00 am § Secretary of State DOCUMENT # M0100002219 -04-22-2002 90153 026 ****50.00 **DERMAZONE SOLUTIONS, LLC** Principal Place of Business Mailing Address 2040 CALUMET STREET 2040 CALUMET STREET CLEARWATER FL 33765 CLEARWATER FL 33765 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 83-0335875 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUFFEY, DEBORAH L WHITAKER, CHRISTOPHER J Street Address (P.O. Box Number is Not Acceptable) 2040 CALUMET STREET 2040 CALUMET STREET **CLEARWATER FL 33765** City CLEARWATER 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. DEBORAH L. DUFFEY - President Signature your opprinted name of registered agent and title if applicable. (NOTE: Registered Ager FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGRM TITLE ☐ Delete TITI F Change ☐ Addition SCHUCHERT JR, JOSEPH NAME NAME STREET ADDRESS 1949 SUGARLAND DR., STE 250 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SHERIDAN WY TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE. ☐ Delete TITLE Change ☐ Addition NAMF[™] NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.