2000 UNIFORM BUSINESS REPORTSUBN FILED DOCUMENT # M92025 May 11, 2000 8:00 am Secretary of State 1. Entity Name EYE OF THE TIGER FARM, INC. 03-28-2000 90052 018 \*\*\*150.00 Mailing Address Principal Place of Business 2727 S. OCEAN BLVD. 2727 S. OCEAN BLVD. HIGHLAND BCH. FL 33487 HIGHLAND BCH. FL 33487-1842 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 52-1646893 City & State Not Applicable \$8.75 Additional Country П Country Zip 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Number is Not Added able) DAISEY, GENE E. 5505 FAIRWAY PARK DRIVE **BOYNTON BEACH FL 33047** atement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity/submit 87 SIGNATURE (NOTE: Registered Agent signature required when reinstating) f registered agent and bite it applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing Added to Fees After MAY 1, 2000 Fee will be \$550.00 . 🗆 Trust Eund Contribution. Tax filing requirement and elects to do so. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS CR2E034 (9/99 11. □ Addicion ☐ Change TITLE Delete SD TITLE NAME DAISEY, GENE E. NAME STREET ADDRESS 5505 FAIRWAY PARK DR. STREET ADDRESS CHY-ST-ZIP BOYNTON BEACH FL CITY-ST-ZIP ☐ Addition Change TITLE Delete TITLE NAME CHERRY, ERIC NAME YSYS SOUTH OCEAN DEWS STREET ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP Addition Сhалде Delete 1171.6 TITLE NAME NAME STREET ADDRESS STREET ADDRESS CSTY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Addition Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition [ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 of trustee of powered to becouse this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address with all other like empowered. CITY-ST-ZIP CITY-ST-ZIP SIGNATURE: Date SIGNATUL