2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 03, 2000 8:00 am Secretary of State DOCUMENT # P00000000097 1. Entity Name CHUCKDAR, INC. 04-03-2000 90191 005 ***150.00 Principal Place of Business Mailing Address 101 E. KENNEDY BOULEVARD iûi E. KENNEDY BOULEVARD SUITE 2560 632296 TAMPA FL 33602 1AMPA FL 33802 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 City & State 59-3617887 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Remy Hermida GARCIA, JOSEPH Street Address (P.O. Box Number is Not Acceptable) 101 E. KENNEDY BOULEVARD **SUITE 2560** 1707 W. Reynolds St. TAMPA FL 33602 Zip Code Plant City, FL 33566 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, Change ☐ Addition Delete TITLE GARCIS, JOSEPH NAME 101 E. KENNEDY BOULEVARD, SUITE 2560 STREET ADDRESS TAMPA FL 33602 CITY-ST-ZIP Addition Change TITLE ☐ Defete President & Director Hermida, Remy STREET ADDRESS CITY-ST-ZIP Change ■ Addition TITLE Sec-Trea NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME Remy C. Hermida 3210 Lithia-Pinecrest Rd. Brandon, FL 33511 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY ST ZIP Change ☐ Addition ☐ Delete TITLE UTLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 of the receiver or trustee empowered 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 address, with all other like empowered.

SIGNATURE SIGNATURE OF PRINTED NAME OF SIGNING OF

03/31/00

Daytime Phone #