2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P0000015141 FILED 1. Entity Name COCOA BEACH SEWING CO., INC. 01 AUG 14 PM-12:148 SEGRETALY OF STATE TALEAHASSEB, FLORIDA Principal Place of Business Mailing Address POST OFFICE BOX 321456 150 WOODLAND AVENUE COCOA BEACH FL 32931 COCOA BEACH FL 32937 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4_EEI Number City & State City & State Applied For حكالملالك Not Applicable Country-Zip Country-_: ... \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name J 15 GUY, TERENCE L II Street Address (P.O. Box Number is Not Acceptable) 150 WOODLAND AVENUE COCOA BEACH FL 32931 Civ Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150,00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TREASUNCE TITLE TITLE Oelete **GUY, TERENCE L II** NAME NAME Kodriguez STREET ADDRESS 271 CEDAR AVENUE STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP TITLE Delete TITLE 🔲 Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-S1-ZIP Addition TITLE TITLE Change Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition KAME 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 INTLE Delete TITLE □ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling does not quality 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 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:

COCOA BEACH SEWING CO. INC

PO BOX 321456 COCOA BEACH ,FL. 32932

206

Phone 321-784-4491 Fax 321-868-2666

AUGUST 08,2001

TO: FLORIDA DEPT. OF STATE

REF: CORPORATE ANNUAL REPORT

TO WHOM IT MAY CONCERN,

WE RECENTLY SENT OUT OUR PAYMENT FOR THE CORPORATE ANNUAL REPORT AND RECEIVED A LETTER FROM YOUR OFFICE STATING OUR REPORT HAS NOT BEEN FILED AND WE OWE A LATE FEE. PLEASE UNDERSTAND, WE DID NOT RECEIVE OUR ANNUAL REPORT PACKAGE UNTIL THE MIDDLE OF JUNE 2001. I HAVE SPOKEN WITH YOUR OFFICE REGARDING THIS AND THEY HAVE INSTRUCTED ME TO SEND THIS LETTER EXPLAINING THE REASON FOR OUR LATE PAYMENT. IF YOU HAVE ANY QUESTIONS, PLEASE FILL FREE TO CONTACT ME AT THE # LISTED ABOVE. THANK YOU FOR YOUR UNDERSTANDING IN THIS MATTER.

RESPECTFULLY,

TERENCE L. GUY II