**2001 UNIFORM BUSINESS REPORT (UBR)** Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P0000026079 1. Entity Name BONITARIDE, INC. 04-10-2001 90135 032 \*\*\*150.00 Principal Place of Business Mailing Address 3038 DAVIS BOULEVARD 3038 DAVIS BOULEVARD NAPLES FL 34104 NAPLES FL 34104 D0033569 3. Mailing Address 2. Principal Place of Business 3038 DAVIS BLOO Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3637811 Not Applicable Country. A. Zip \$8.75 Additional 5. Certificate of Status Desired 34/64 Fee Required 34/65 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name is marked to be to a compa ⊸ ಕಾಡಿಸಿದ ಆಕ BRENNAN, DWIGHT J Street Address (P.O. Box Number is Not Acceptable) 630 LEWIS COURT MARCO ISLAND FL 34145 Zip Code ement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. ubmits this 8. The above named SIGNATURE (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition Change PRESIDENT TITLE Delete TITLE DWIGHT J. BRENNAMY 3038 DAVIS BLUD NAME NAME STREET ADDRESS STREET ADDRESS NAPLES FL. 34104 VICE- PRESIDENTY SECRETARY Delete BONITA J. BRENNAN CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE NAME NAME 3038 DNIS BLUD STREET ADDRESS STREET ADDRESS NAPLES, FL. 34104 CITY-ST-ZIP \_CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 suppliemental 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 empoyeed 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, withfall other like empowered. SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR