2001 UNIFORM BUSINESS REPORT (UBR) FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # P00000049803 1. Entity Name HEWITT CUSTOM APPAREL, INC. 05-12-2001 90055 029 ***150.00 Principal Place of Business Mailing Address 4200 COMMUNITY DR. #1307 4200 COMMUNITY DR. #1307 WEST PALM BEACH FL 33409 WEST PALM BEACH FL 33409 UUUUAJJAJ 2. Principal Place of Business 3. Mailing Address 10432 Show Boot Lone 0432 Show 6204 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number (051010022 Applied For Not Applicable Zip \$8.75 Additional उँयर। 5. Certificate of Status Desired 11116 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HEWIHT MAHLEUS - LISA HEWITT-MATTHEWS, LISA M Street Address (P.O. Box Number is Not Acceptable) 4200 COMMUNITY DR. #1307 WEST PALM BEACH FL 33409 Show BOAT LANE 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 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. 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 12. 11. PD Q.A TITLE ☐ Addition TITLE ☐ Delete HEWIH-KARHERUS LIEN A HEWITT-MATTHEWS, LISA M NAME NAME 4200 COMMUNITY DR. #1307 STREET ADDRESS STREET ADDRESS Trad factor was sever CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33409 Royalfolm Beach, Fr 33411 ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ---Delete 🗔 -دوسه TITLE Change - 🔲 Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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 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

SIGNATURE:

IGNING OFFICER OR DIRECTOR

#-25-01 561-792-6601 Ex 213