2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 17, 2001 8:00 am Secretary of State DOCUMENT # P0000063966 CORPORATE INVESTMENT INTERNATIONAL OF BREVARD, I 01-17-2001 90072 040 ***150 00 Principal Place of Business Mailing Address PO BOX 321555 1450 BOUTH ATLANTIC AVE-COCOA BEACH FL 32932-1555 COCOA BEACH FL 32931 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 9-3656276 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HILLCHER, HAROLD C H160-SOUTH ATLANTIC AVE COCOA BEACH FL 32931 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 01-06-2001 (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so 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. President/Director TITLE ☐ Delete TITLE NAME HILLCHER, HAROLD C NAME 46 North Brevned Ave. Cocon Banch, FL 32931 STREET ADDRESS 4150 SOUTH ATLANTIC AVE-STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP COCOA BEACH FL 32931 ☐ Addition ☐ Delete TITLE TITLE READ, RICHARD E NAME STREET ADDRESS STREET ADDRESS 1999 WESTCOLONIAL DRIVE CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL Change ☐ Addition ☐ Delete TITLE DIGLIO, CRESS S NAME NAME STREET ADDRESS STREET ADDRESS 1999 WESTCOLONIAL DRIVE CITY-ST-ZIP CITY-ST-78 ORLANDO FL ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF ☐ Change ■ Addition ☐ Delete TITLE TITLE 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO