2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 27, 2001 8:00 am Secretary of State **DOCUMENT # P0000068398** CDI INVESTMENTS, INC. 02-27-2001 90310 021 ***150.00 Principal Place of Business Mailing Address 9711 OVERSEAS HWY, STE 5 9711 OVERSEAS HWY, STE 5 MARATHON FL 33050 MARATHON FL 33050 626180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Country \$8.75 Additional Zìp Country Ζiρ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WRIGHT, THOMAS D Street Address (P.O. Box Number is Not Acceptable) 9711 OVERSEAS HWY, STE 5 MARATHON FL 33050 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PVST** Change X Addition S TITLE TITLE Delete DEMARAS, VICTOR NAME NAME Elizabeth Sue Demaras 9711 OVERSEAS HWY, STE 5 STREET ADDRESS STREET ADDRESS 9711 Overseas Highway Ste 5 CITY-ST-ZIP CITY-ST-ZIP MARATHON FL 33050 Marathon, FL 33050 Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE □ Detete TITLE 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-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE 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 like empow