4/18 2001 UNIFORM BUSINESS REPORT: (UBR) May 17, 2001 8:00 am Secretary of State **DOCUMENT#** P00000075194 1. Entity Name 04-18-2001 90043 044 ***150.00 D.G.P.L.U.M.M., INC. Principal Place of Business Mailing Address 17962 Alexander Run Jupiter, Florida 33478 same 2. Principal Place of Business 3. Mailing Address 17692 Alexander Run same Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Jupiter, Florida- 33478 Country Country \$8.75 Additional 5. Certificate of Status Desired 33478 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 2.5 Willbur, Jr., P.A. William Hicks Street Address (P.O. Box Number is Not Acceptable) 701 7th Lane 1100 North Olive Avenue Palm Beach Gardens, Florida City West Palm Beach 33401 8. The above named equity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE DATE (NOTE: Regist Securities, typed or printed name of registered age FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550,00 Tax filing requirement and elects to do so. __Trust Eund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition Hicks; William ☐ Change TITLE Delete TIDE NAME NAME 701 7th Lane STREET ADDRESS STREET ADDRESS Palm Beach Gardens, FL 33418 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE D, P, T NAME Frank Garcia STREET ADDRESS STREET ADDRESS 17962 Alexander Run CITY-ST-ZIP CITY-ST-ZIP Jupiter, Florida 33478 ☐ Change Addition ☐ Delete TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CRY-ST-ZIP Addition MILE Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CHTY-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 life empowered. SIGNATURE: Daytime Phone #