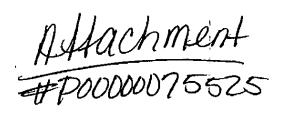
2001 UNIFORM BUSINESS REPORT (UBR) 07-31-2001 90229 034 ****27.50 LLU P00000075525 P00000075525 **DOCUMENT #** SECRETARY OF 1. Entity Name MVISION OF CORPORATIONS E Z DROP-N PRODUCTS, INC. 01 AUG -7 AM 10: 25 Principal Place of Business Mailing Address 3458 WINDY HILL PLACE 3458 WINDY HILL PLACE JACKSONVILLE FL 32246 JACKSONVILLE FL 32246 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLEAP, TODD Street Address (P.O. Box Number is Not Acceptable) 3458 WINDY HILL PLACE JACKSONVILLE FL 32246 Zip Code 8.. The above named entity supports this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida DATE FILE NOW!!! FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00 %
Make Check Payable to Department of State 9. This corporation is eligible to satisfy its intangible 10. Élection Campaign Financing \$5.00 May Be, Tax filing requirement and elects to co so. Added to Fees Trust Fund Contribution. (See criteria on back) OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN ** 12. ☐ Change TITLE Delete . TITLE Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST ZIP ☐ Agertica TITLE TITLE ☐ Chance NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addit on TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Add tion TITLE Delete TITLE HANZE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE · 🔲 Delete TITLE NAME NAME -06/27/01--01038--009 STREET ADDRESS STREET ADDRESS *****78.75 CITY-ST-ZIP CITY -ST - ZIP ☐ Change ☐ Addition TITLE Delete TITLE HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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: Charlesto Physics #



July 12, 2000

Florida Department of State Divisions of Corporations Tallahassee, Florida 32303

To Whom It May Concern:

Pursuant to our telephone conversation, enclosed please find a copy of the annual report previously sent along with a copy of our Corporation Annual Report. As we discussed we had not received our Corporation report to file until I notified your office and you faxed a copy over to me. The Florida Department of State has already cashed my check. I want to thank you for abating the penalty. If you need further information please do not hesitate to contact me.

Todd Sleap

EZ Drop – N Products Inc.

Enclosure (1)