FILED

.2001 UNIFORM BUSINESS REPORT (UBR)

Mar 07, 2001 8:00 am Secretary of State DOCUMENT # P0000096127 1. Entity Name 02-12-2001 90209 024 ***150.00 ROUTE 60 CUSTOMS, INC. Mailing Address Principal Place of Business 1391 GULF TO BAY BLVD. 1391 GULF TO BAY BLVD. **CLEARWATER FL 33755 CLEARWATER FL 33755** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name OKUBOYE, OLUFEMI Street Address (P.O. Box Number is Not Acceptable) 1391 GULF TO BAY BLVD. **CLEARWATER FL 33755** Zip Code 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. OKUBOYE DLUFEMI Addition TITLE TITLE (PRESIDENT 1391 GULF TO BAY BLUD. CLEARWATER FL. 33755 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change **V** Addition TITLE ☐ Delete OKUBOYE DELORIS 1391 GULF TO BAY BLUD NAME NAME VICE STREET ADDRESS STREET ADDRESS EARWATER FL. 33755 CITY-ST-ZIP CITY-ST-ZIP Delete TILLE TITLE Change ~ [] Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Addition TITLE ☐ Delete Change 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 12 in Block 12

SIGNATURE: