2001 UNIFORM BUSINESS REPORT (UDR)

FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P00000107503 URBAN CHEMICAL OF FLORIDA, INC. 4-27-2001 90293 032 ***150.00 Principa! Place of Business Mailing Address 2307 HARBOUR OAKS DR 2307 HARBOUR OAKS DR LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 645993 2. Principal Place of Business 3. Mailing Address 1505 Mango Avenue 1505 Mango Avenue Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Sarasota, Florida Sarasota, Florida 65-1063671 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 34237 34237 Sarasota Fee Required Sarasota 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SLUIZER, ALLAN L Street Address (P.O. Box Number is Not Acceptable) 2307 HARBOUR OAKS DR LONGBOAT KEY FL 34228 City 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, typed or printed name of registoreo agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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) \mathbb{X} Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Detete TITLE р X Addition CR2E034 (10/00 NAME NAME Allan L. Sluizer STREET ADDRESS STREET ADDRESS 2307 Harbour Oaks Drive CITY-ST-ZIP C!TY-ST-ZIP Longboat Key, FL 34228 TITLE Dejete TiT1 F S-T Change X Addition NAME Norma R. Sluizer STREET ADDRESS STREET ADDRESS 2307 Harbour Oaks Drive CITY-ST-ZIP CITY-ST-ZIP Longboat Key, FL 34228 Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of 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 of trustee on powered 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.

*A*llan L. Sluizer

4/23/01

941/953-3890