2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 02, 2001 8:00 am Secretary of State DOCUMENT # P00000110860 1. Entity Name 14 FISH INC. 04-02-2001 90095 044 ***150.00 Principal Place of Business Mailing Address 2064 SE ST LUCIE BLVD 2064 SE ST LUCIE BLVD STUART FL 34996 STUART FL 34996 C0039307 2. Principal Place of Business 3. Mailing Address 927 North US 1 21 Netherby Avenue Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable <u>Ft Pierce</u> 65-1058584 <u>Jensen Beach FI</u> Zin Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required St Lucie 34950 34957 Martin 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRUTKA, ERIC Street Address (P.O. Box Number is Not Acceptable) 2064 SE ST LUCIE BLVD 21 Netherby Avenue STUART FL 34996 Zip Code 34957 Jensen Beach 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be. 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so: Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) Change Addition TITLE Delete TITLE President NAME GRUTKA, ERIC STREET ADDRESS STREET ADDRESS 2064 SE ST LUCIE BLVD 21 Netherby Avenue CITY-ST-ZIP CITY-ST-ZIP STUART_FL 34996 Jensen Beach FL-34957 Addition ☐ Change Delete TITLE Vice-President NAME NAME Paula Ciceroni STREET ADDRESS STREET ADDRESS 21 Netherby Avenue CITY-ST-ZIP CITY-ST-7IP Jensen Beach FL 34957 Addition ☐ Delete ☐ Change TITLE 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-ZIP CITY-ST-ZIP TITLE ☐ Change __ Addition ☐ Delete TITLE NAME 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-7IP 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 cath; 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.

JRUTKA

ERIL

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

RESIDENT