FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 11, 2002 8:00 am DOCUMENT # P00000117660 **Secretary of State** 1. Entity Name 02-11-2002 90209 037 ***150.00 OH MY GAUZE OF WISCONSIN, INC. Principal Place of Business Mailing Address 227 BROAD ST 2123-F PORTER LAKE DR LAKE GENEVA WI 53147 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4, FEI Number Applied For 06-1609173 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOONEY, KENNETH Street Address (P.O. Box Number is Not Acceptable) 502 N SPOONBILL DR SARASOTA FL 34236 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. President/AIRECTOR CR2Fn34 (9/01) TITLE ☐ Delete TITLE MOONEY JOY DI Dr TIAME MOONEY, JOY STREET ADDRESS 502 N. SPOONBILL DRIVE STREET ADDRESS SAMASOTA S4. 34236 CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-7IP Vice President/DIRECTOR TITLE TITLE ☐ Delete MOONEY, KEN NAME NAME MOONEY, KEN 502 M. Spoonbill Dr STREET ADDRESS STREET ADDRESS 2123-F PORTER LAKE DR CITY-ST-ZIP CITY-ST-ZIP ARASOTR S1. 34236 SARASOTA FL 34240 TITLE Delete TITLE M Change Addition MOONEY, KENDYA 21 North LANC NAME NAME Mooney, Kendra STREET ADDRESS 2123-F PORTER LAKE DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 TAR Change ☐ Addition TITLE ☐ Delete TITLE CASTILOW, Allison NAME NAME 1851 GOLDENROD ST STREET ADDRESS STREET ADDRESS 34239 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition 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 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 distance empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:

KENOMOON SY

dress, with all other like empowered.