2003 FOR PROFIT CORPORATION

FILED Jan 21, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P02000003436 DOCUMENT # 1. Entity Name 01-21-2003 90110 025 ***150.00 NAVILLUS, INC. Principal Place of Business Mailing Address 900 9 PLACE 900 9 PLACE VERO BEACH FL 32960 VERO BEACH FL 32960 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 03-0392133 Not Applicable Zip Country Zip 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 SULLIVAN, CHARLES A JR Street Address (P.O. Box Number is Not Acceptable) 900 9 PLACE VERO BEACH FL 32960 Zip Code City The above named entity submittens statement for the p the obligations of registered seem. proose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of reg SIGNATURE . printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President & Pirecto - Charles A. Sallivan J TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS Vero Bend FZ 32960 CITY-ST-ZIP CITY-ST-ZIP lice President -TITLE ☐ Delete TITLE ☐ Change ☐ Addition Michael A. Sullivan S-NAME NAME STREET ADDRESS STREET ADDRESS Very Beach FI 32960 CITY-ST-ZIP CITY-ST-ZIP Delete -TITLE . Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Very Beach Fr 32960 CITY-ST-ZIP CITY-ST-ZIP Treasurer + Pirector I Michael A. Salliva. Jr 100 9th Pl Vero Beach Fr 32960 TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS Ven Bead Fr 32960 CITY-ST-7IP CITY-ST-ZIP

12. 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 suppliemental leptor 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 10 or Block 11 if changed, or on an attachment with an aptress, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

STORK pe required SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Addition