2003 FOR PROFIT CORPORATION

Feb 11, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000010357 DOCUMENT # 02-11-2003 90141 001 *****8.75 AMERICAN & AFRICAN ART & ANTIQUES. INC. 02-11-2003 90141 002 ***150.00 Mailing Address Principal Place of Business 1122 1/2 LATTA LANE 1122 1/2 LATTA LANE ORLANDO FL 32804 ORLANDO FL 32804 3. Mailing Address 2. Principal Place of Business 644 4th AV SOUTH 44 4th SIV SOUTH CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number 90-0007650 Not Applicable \$8.75 Additional X 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LUCK, JAMES_R. LUCK, JAMES R Street Address (P.O. Box Number is Not Acceptable) 1122 1/2 LATTA LANE 644 4TH AV SOUTH #3 ORLANDO FL 32804 CITYST PETERSBURG 8. The above named entity subplits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registe SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 10. Addition **PSD** TITLE ☐ Delete LUCK, JAMES R. 644 4th AV South #3 TITLE LUCK, JAMES R NAME NAME STREET ADDRESS 1122 1/2 LATTA LANE STREET ADDRESS PETERSBURG FL 33701 ORLANDO FL 32804 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 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 to the empowered to execute this port as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapted or on an attachment with the information indicated on this report of the corporation of the receiver or to the empowered to execute this port as equired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

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