FILED

2003 FOR PROFIT CORPORATION

of the corporation or the receiver or changed, or on an attachment wit

SIGNATURE:

Apr 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000108917 DOCUMENT # 04-14-2003 90743 004 ***150.00 1. Entity Name DARCAR1, INC. Principal Place of Business Mailing Address 402 NEW LAKE DRIVE 402 NEW LAKE DRIVE **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426 CHECK HERE IF MAKING CHANGES 4. FEI Number Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 8. The above named ept submits 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 SIGNATURE typed or 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Addition RAINVILLE, DANIEL A NAME NAME 4 **402 NEW LAKE DRIVE** STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition RAINVILLE, STEPHANIE C NAME NAME 402 NEW LAKE DRIVE STREET ADDRESS STREET ADDRESS **BOYNTON BEACH FL 33426** CITY-ST-ZIP CITY-ST-ZIP Change TITLE ☐ Delete TITLE ■ Addition RAINVILLE, TYLER D NAME NAME 102 NEW LAKE DRIVE STREET ADDRESS STREET ADDRESS BOYNTON BEACH FL 33426 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THUE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does poliqualify for the 2 Imption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information fature shall have the same legal effect as if made under oath; that I am an officer or director juired by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if indicated on this report or supplemental report is true and accu