2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P30506** May 15, 2000 8:00 am 1. Entity Name JAPAN PACIFIC TRADING CORPORATION **Secretary of State** 05-15-2000 90231 015 ***150.00 Principal Place of Business Mailing Address 305 WEST BROAD STREET 305 WEST BROAD STREET **GROVELAND FL 34736** GROVELAND FL 34736-2513 2. Principal Place of Business 3. Mailing Address Same as above Same as above Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Same as above 4. FEI Number Applied For City & State Same as above 95-4215442 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 34736 LAKE 34736 LAKE Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CARLTON, FIELDS W . . . C Street Address (P.O. Box Number is Not Acceptable) ONE HARBOUR PLACE **POST OFFICE BOX 3239 TAMPA FL 33601** 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (9/99 ☐ Change ☐ Delete TITLE TITLE TOMINAGA, YASUHIKO NAME NAME 5097 LATROBE DRIVE STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete Change TITLE TITLE TOMINAGA, YOKO NAME NAME 5097 KATRIBE DRUVE STREET ADDRESS STREET ADDRESS WINDERMERE FL 34786 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete Addition THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

4/28/2000

Daytime Phone #