FILED

## 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

Sep 05, 2003 8:00 am Secretary of State DOCUMENT # P40440 09-05-2003 90114 041 \*\*\*550.00 1. Entity Name UV SALES, INC. Principal Place of Business Mailing Address 34 STATE ST 34 STATE ST OSSINING NY 10562 OSSINING NY 10562 2. Principal Place of Business 3. Mailing Address 24 Link Drive 24 Link Drive Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 22-3185946 Rockleigh Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired us Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City Zio Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. Election Campaign Financing \$5.00 May Be After September 10, 2003 Fee will be \$750.00 Trust Fund Contribution. Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TIT! F Change ☐ Addition TITLE ☐ Delete Hessel, John HESSEL, JOHN NAME NAME 24 Link Drive STREET ADDRESS 34 STATE ST STREET ADDRESS OSSINING NY CITY-ST-ZIP CITY-ST-ZIP Rockleigh, Delete Treasurer TITLE Change Addition SANO, MARK NAME NAME Duishi, STREET ADDRESS 34 STATE STREET STREET ADDRESS 34 Link Drive CITY-ST-ZIP **OSSINING NY 10562** CITY-ST-ZIP Rockleigh, NJ Delete TITLE TITLE ☐ Change Addition Secretary NAME MORRIS, ANDREW NAME Dankel Gray STREET ADDRESS STREET ADDRESS 34 STATE ST 24 Link Drive CITY-ST-ZIP **OSSINING NY 10562** CITY-ST-ZIP Rocklergh NJ. 07647 TITLE Delete TITLE ☐ Channe ☐ Addition NAME SANO, MARK NAME 34 STATE ST. STREET ADDRESS STREET ADDRESS OSSINING NY.10562 CITY-ST-7IP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

SIGNATURE REQUIRED

Daytime Phone #