2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P93000012494 Mar 04, 2000 8:00 am Secretary of State THE SYD-MAR GROUP, INC. 03-04-2000 90078 021 ***150.00 Principal Place of Business Mailing Address 7403 18TH AVENUE, N.W. 7403 18TH AVENUE, N.W. BRADENTON FL 34209-9512 BRADENTON FL 34209 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0397544 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KING, CHARLES R Street Address (P.O. Box Number is Not Acceptable) 1611 10TH AVENUE WEST PALMETTO FL 34221 Zip 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. SIGNATURE DATE 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD ☐ Addition TITLE ☐ Delete TITLE Change KING, CHARLES R NAME NAME STREET ADDRESS 501 BAYVIEW DR STREET ADDRESS CITY-ST-ZIP HOLMES BCH FL CITY-ST-ZIP VPD ☐ Delete Change ☐ Addition TITLE KAYE, DAVID NAME 43 FORREST PLACE NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ATLANTA GA 30328 CITY-ST-ZIP Change Addition TITLE Delete TITLE LIEBERMAN, MARLENE F NAME NAME STREET ADDRESS 7403 18TH AVE., NW STREET ADDRESS CITY-ST-ZIP **BRADENTON FL 34209** CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR