2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 21, 2000 8:00 am DOCUMENT # P93000016941 1. Entity Name **Secretary of State** DON OSTROWSKY & ASSOC., INC. 03-21-2000 90092 046 ***150.00 Principal Place of Business Mailing Address 1227 DEL PRADO BLVD. 1227 DEL PRADO BLVD. CAPE CORAL FL CAPE CORAL FL 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0397102 Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent OSTROWSKY, DON 1227 DEL PRADO BLVD. CAPE CORAL FL e purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named east SIGNATURE (NOTE: Registered Agent signature required when reinstating) arne of registered agent and title if applicable. 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 --- ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. **PSTD** ☐ Delete TITLE Change : TITLE OSTROWSKY, DON OSTROWSKY, DON NAME NAME 1522 SE 14th STREET STREET ADDRESS STREET ADDRESS 1227 DEL PRADO BLVD. APE CORAL FI 33990 CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33990 Change ☐ Addition ☐ Delete TITLE TITLE OSTROWSKY, CAROL OSTROWSKY, CAROL NAME NAME 15225E 147 STREET STREET ADDRESS STREET ADDRESS 1227 DEL PRADO BLVD. CAPE CORAL, FI 33990 CITY-ST-7IP CITY-ST-ZIP CAPE CORAL FL 33990 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE Delete Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby 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 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 a ladd ess, with all other time empowered.

SIGNATURE X

MANATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR