2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # P93000050556 WIL-CAD INC. 04-24-2000 90064 015 ***150.00 Principal Place of Business Mailing Address .. HUNT CLUB TRAIL 744 HUNT CLUB TRAIL ORANGE FL 32127 PORT ORANGE FL 32127-7787 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3192520 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUŻYCKY, WILLIAM A Street Address (P.O. Box Number is Not Acceptable) 744 Hunt Club Trail 837 STONYBROOK CIRCLE PORT ORANGE FL 32127 Zip Code 9. 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) DATE FILE NOW!!! FEE IS \$150.00. 3 53 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE HILL RUZYCKY, WILLIAM 744 Hunt Club Trail 837 STONYBROOK CIR. STREET ADDRESS : : Anneege CITY-ST-ZIP ST-ZIP PT. ORANGE FL X Change ☐ Addition Delete TITLE RUZYCKY, SANDRA NAME STREET ADDRESS SHULL ADDRESS 837 STONYBROOK CIR. 744 Hunt Club Trail CITY-ST-ZIP ST-ZIP PT. ORANGE FL Delete Change ☐ Addition TITLE NAME STREET ADDRESS ::.:: ADDRESS CITY-ST-ZIP ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME - ADDRESS STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME κύννουςς STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS *DDDCGG

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.

CITY-ST-ZIP

ST-ZIP

CR2E034 (9/99