2000 UNIFORM BUSINESS REPORT (UBR) Apr 14, 2000 8:00 am Secretary of State DOCUMENT # P93000052400 1. Entity Name FLORIDA TUX, INC. 04-14-2000 90083 049 ***150.00 Mailing Address Principal Place of Business 610 W. SR 434 P.O. BOX 521206 LONGWOOD FL 32752-1206 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3204697 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required~ 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Paris No. SALIBA, GHASSAN Street Address (P.O. Box Number is Not Acceptable) 30 BAYBERRY BRANCH CASSELBERRY FL 32707 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name 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 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 11. 12. ☐ Defete TITLE Change ■ Addition TITLE SALIBA, GHASSAN NAME NAME STREET ADDRESS STREET ADDRESS 30 BAYBERRY BRANCH CITY-ST-ZIP CITY-ST-7IP CASSELBERRY FL ☐ Addition TITLE ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete 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 ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS í .. CITY-ST-ZIP CITY-ST-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME

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 truster 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 addless, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND O OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR val.ba 4-7-00