2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 25, 2000 08:00 AM DOCUMENT # P93000062370 1. Entity Name **Secretary of State** NASA WAREHOUSES CORP. Principal Place of Business Mailing Address 1103 W. HIBISCUS BLVD. 1103 W. HIBISCUS BLVD. SUITE 301 SUITE 301 WEST MELBOURNE WEST MELBOURNE FL FL 32904 32904 US 2. Principal Place of Business 3. Mailing Address 7370 CABOT COURT 7370 CABOT COURT Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 101 SUITE 101 City & State City & State 4. FEI Number Applied For MELBOURNE FL MELBOURNE FL 59-3211590 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired X 32940 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MOSLEY 1221 EAST NEW HAVEN AVE. Street Address (P.O. Box Number is Not Acceptable) MELBOURNE \mathbf{FL} 32901 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. 03/25/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE PTSD Delete TILE X Change ☐ Addition MOSIMANN THOMAS FJR. NAME MOSIMANN THOMAS FJR. STREET ADDRESS 1103 W. HIBISCUS BLVD, SUITE 301 STREET ADDRESS 7370 CABOT COURT, SUITE 101 CITY-ST-ZIP CITY-ST-ZIP WEST MELBOURNE 32904 MELBOURNE FL. 32940 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-718 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

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