2000 UNIFORM BUSINESS REPORT (UBR) FILED Jan 27, 2000 8:00 am Secretary of State DOCUMENT # P9400003240 1. Entity Name BRAD DOREN INCORPORATED 01-27-2000 90123 006 ***150.00 Principal Place of Business Mailing Address 5100 87TH STREET EAST 5100 87TH STREET EAST **BRADENTON FL 34202-3706 BRADENTON FL 34202 ընչննննո** 3. Mailing Address 4312 CHEVAL BLUD. 2. Principal Place of Business 4312 CHEVAL BLVD. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0465587 FLORIDA FLORIDA レリナユ LUTZ Not Applicable Country USA ^{Zip} 33549 33549 Country \$8.75 Additional 5. Certificate of Status Desired ÚSA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DOREN, BRAD L Street Address (P.O. Box Number is Not Acceptable) 5100 87TH STREET EAST 4312 CHEVAL BLUD. **BRADENTON FL 34202** 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, 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 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. P/T P/T ☐ Change Addition TITLE Delete TITLE DOREN BRAD -15710 INDIAN QUEEN DRIVE DOREN, BRAD L NAME NAME STREET ADDRESS 802 134TH ST. EAST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ODESSA, EL. 33556 **BRADENTON FL 34202** ☐ Delete TITLE ☐ Change ☐ Addition TITLE DOREN, MARALEE S 15710 INDIAN QUEEN DRIVE NAME DOREN. MARALEE S STREET ADDRESS 802 134TH ST EAST STREET ADDRESS 00655A, FL 33556 CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL 34202** ☐ Change ☐ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CATY-ST-ZIP CITY-ST-ZIE TITLE ☐ Change ☐ Addition Delete TITI F 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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

1/19/00

813-949-4231

☐ Change

Addition

Daytime Phone #