2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P94000020604 Feb 20, 2000 8:00 am **Secretary of State** COTTESLOE CAPITAL CORPORATION 02-20-2000 90003 044 ***150.00 Mailing Address Principal Place of Business 10532 WALKER ST 226 S PALAFÓX PL #206 PENSACOLA FL 32501 OYPRESS CA 90630-4740 2. Principal Place of Business 3. Mailing Address 12601 Monarch Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Sounder grove CA Applied For City & State 4. FEI Number 59-3253615 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 92841 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PARACORP INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 1116-D THOMASVILLE ROAD TALLAHASSEE FL 32303 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 12. 11. Addition TITLE TITLE Delete NAME NAME WU, ANITA STREET ADDRESS STREET ADDRESS 18003 GERRIT PLACE CITY-ST-ZIP CITY-ST-ZIP CERRITOS CA 90703 ☐ Addition ☐ Delete TITLE TITLE Cauthier John NAME NAME GAUTHIER, JOHN T 12601 monarch St STREET ADDRESS STREET ADDRESS 226 S PALAFOX PL #206 garden grove (A 92841 CITY-ST-ZIP CITY-ST-ZIP PENSACOLA FL 32501 ☐ Addition ☐ Delete TITLE D Sec-Trees NAME WU, ALEX NAME wo alex Germ. H PI STREET ADDRESS STREET ADDRESS 18003 GERRITT PLACE cerritos (A 90703 CITY-ST-ZIP CITY-ST-ZIP **CERRITOS CA 90703** ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby 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 an address, with all other like empowered.