2000 UNIFORM BUSINESS REPORT (UBR)

Jan 20, 2000 8:00 am Secretary of State DOCUMENT # P94000052017 1. Entity Name நாகு முத்து இருந்தி TRUE COUNTAINCH TO THE SECOND 01-20-2000 90241 002 ***150.00 THERE IS NOT Principal Place of Business Mailing Address 3484 SW FOREST HILLS CT P.O. BOX 1117 A0008349 PALM CITY FL 34990 JENSEN BEACH FL 34990-2602 2. Principal Place of Business 3. Mailing Address 34845.W. FOREST HILLS CT. Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0512635 Not Applicable Country 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 ANDERSON, WILLIAM D JR. Street Address (P.O. Box Number is Not Acceptable) 516 CAMDEN AVE SUITE 103 STUART FL 34994 Zip Code City 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 DATE (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 ोक (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition CR2E034 (9/99) ☐ Delete TITLE TITLE HARRELL, DENNIS V. NAME NAME STREET ADDRESS 3484 SW FOREST HILLS CT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 Addition Change TITLE TITLE ☐ Delete HARRELL, INGEBORG NAME NAME 3484 SW FOREST HILLS CT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM CITY FL 34990 Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

changed, or on an attachment with an address, with all other like empowered.

13. Thereby 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