FILED

2001 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-ZIP

SIGNATURE: _

Jan 22, 2001 8:00 am DOCUMENT # P94000068292 Secretary of State **DUST ENTERPRISES, INC.** 01-22-2001 90092 001 ***150.00 Principal Place of Business Mailing Address 4001 TAMIAMI TRAIL NORTH, #265 4001 TAMIAMI TR. N NAPLES FL 34103 SUITE 265 UUUU7150 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address 4901 Tamiami Trail North 4901 Tamiami Trail North Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Napites FL Nables, FL 65-0524730 Not Applicable Country 34103 \$8.75 Additional 5. Certificate of Status Desired Collier **34103** Collier Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent U.S. INVESTOR SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 4901 TAMIAMI TRAIL NORTH NAPLES FL 34103-3010 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. (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, 2001 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. PTD CR2E034 (10/00) TITLE TITLE ☐ Delete PTD STAUB, DIETER NAME NAME Staub, Dieter 13790 TONBRIDGE CT STREET ADDRESS STREET ADDRESS 4901 Tamiami Trail North CITY-ST-ZIP **BONITA SPRINGS FL** CITY-ST-ZIP Naples, FL 34103 VSD TITLE ☐ Delete STAUB, TRUDY Štaub, Trudy NAME NAME 13790 TONBRIDGE CT 4901 Tamiami Trail North STREET ADDRESS STREET ADDRESS CITY - ST-ZIP **BONITA SPRINGS FL** CITY-ST-ZIP Naples, FL 34103 ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

CITY-ST-7/P

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.

TYPED OF PRINTED NAME OF SIGNING OF