Applied For Not Applicable

2001 UNIFORM BUSINESS REPORT (UBR) Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # P94000090178** FLW ENTERPRISES, INC. 01-25-2001 90099 025 ***150.00 Principal Place of Business Mailing Address 14620 FAIR HAVENS ROAD 14620 FAIR HAVENS ROAD FORT MYERS FL 33908 FORT MYERS FL 33908 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3280510 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WASSERSUG, FAITH Street Address (P.O. Box Number is Not Acceptable) 14620 FAIR HAVENS ROAD FORT MYERS FL 33908 City 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. 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

• • • • • • • • • • • • • • • • • • • •	911 102 NO 711 13 CH 120 1 OH 10			,	2011101107 01 17	11020 10 0	31 1 100. 1011	110 0122101	
TITLE	P	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	Wassersug, Faith		NAME						
STREET ADDRESS	14620 FAIR HAVENS RD		STREET ADDRESS						
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP						,
TITLE	V	☐ Delete	TITLE					☐ Change	☐ Addition
NAME	Wassersug, Stephen R		NAME						
STREET ADDRESS	14620 FAIR HAVENS RD		STREET ADDRESS						ļ
CITY-ST-ZIP	FORT MYERS FL 33908		CITY-ST-ZIP						_
TITLE	\$	☐ Delete	TITLE					Change	Addition
NAME	WASSERSUG, MARK		NAME						ļ
STREET ADDRESS	903-OGLETHORPE		STREET ADDRESS	805	PEAG	TREE	ST.	UNIT	502.
CITY-ST-ZIP	ATLANTA GA		CITY-ST-ZIP	ATL	ANTA.	SA 3	0308	דועט	
TITLE	T	☐ Delete	TITLE					☐ Change	☐ Addition
NAME ==	WASSERSUG, KURT	، سيد	_NAME ~				~ -	** . **	
STREET ADDRESS	1004 MT VERNON CT		STREET ADDRESS						
CITY-ST-ZIP	MARLTON NJ 08053		CITY-ST-ZIP						
TITLE		☐ Delete	TITLÉ					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS					•	J
CITY-ST-ZIP			CITY-ST-ZIP						
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME			NAME						
STREET ADDRESS			STREET ADDRESS						j
CITY-ST-ZIP			CITY-ST-ZIP						

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.