2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P94000091172** May 16, 2000 8:00 am Secretary of State AMERICAN TRADING & BROKERAGE, INCORPORATED 05-16-2000 90165 048 ***150.00 Principal Place of Business Mailing Address 1180 SPRINGS CENTER SOUTH BLVD -1180-GPRINGS CENTER SOUTH BLVD ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL-32714-1954 Principal Place of Business DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3281680 Not Applicable \$8.75 Additional 5. Certificate of Status Desired ___ Fee Required* 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent PIZZUTI, STEPHEN D Street Address (P.O. Box Number is Not Acceptable) 1180 SPRINGS CENTER SOUTH BLVD #116--Altamonte Springs FL 32714 ${f e}$ ${f q}$ urpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Delete TITLE 480 N. Orlando Ave Suite 200 PIZZUTI, STEPHEN D NAME STREET ADDRESS -1180 SPRINGS CENTER SOUTH BLVD #116 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPRINGS FL 32714 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP---CITY-ST-ZIP-- ☐ Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete NAME NAME STREET ADDRESS STREET: ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP inis filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes, I further certify that the information 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 wered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if I hereby certify that the information supplied with indicated on this report or supplemental report of the corporation or the receiver or trustee empehanged, or on an attachment with an address.

all other like empowered.

SIGNATURE:

SIGNATURE AND TYP