2000 UNIFORM BUSINESS REPORT (UBR)

Apr 18, 2000 8:00 am Secretary of State DOCUMENT # P95000009114 1. Entity Name OCEANSIDE CANVAS, INC. 04-18-2000 90166 028 ***150.00 Principal Place of Business Mailing Address 3270 BAY 295-R SW 3 AVE 3270 BAY 295-R SW 3 AVE FT LAUDERDALE FL 33315 FT LAUDERDALE FL 33315 ハロロエロロだり 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0525212 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 Name BAKER, KAREN Street Address (P.O. Box Number is Not Acceptable) C/O BAKER & ASSOCIATES 11911 SW 13 CT DAVIE FL 33325 Zip Code City nify submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named 4-12-00 SIGNATURE 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE NAME HOLDEN, MARY E NAME STREET ADDRESS STREET ADDRESS 2323 STATE RD 84 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 ☐ Addition Change TITLE □ Delete TITLE HOLDEN, ROBERT NAME NAME STREET ADDRESS STREET ADDRESS 488 SW-126 TERR. CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33325 Change ☐ Addition TITLE S ☐ Delete DAVIS, CAROL NAME STREET ADDRESS 11641 SW. 11TH STREET STREET ADDRESS CITY-ST-ZIP CITY-\$T-ZIP FORT LAUDERDALE FL 33325 ☐ Addition Change TITLE ☐ Delete TITLE HOLDEN, MARY E NAME NAME STREET ADDRESS STREET ADDRESS 2323 STATE RD 84 CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33312 TITLE t : ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS

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. SIGNATURE: A

CITY-ST-ZIP

SIGNATURE AND PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-7iP