2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000023262

1. Entity Name

DARWIN INDUSTRIES, INC.

Principal Place of Business	Mailing Address
4356 60TH AVE VERO BEACH FL 32967	4356 60TH AVE VERO BEACH FL 32967-7756

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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number	65-0589833	Applied For
6990 45th St.	6990 45th St.			Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			

City & State: *Vero Beach F* — City & State: *Vero Beach FL*

Zip: *32967* Country — Zip: *32967* Country

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
JODI SIMON 4356 60TH AVE VERO BEACH FL 32967	Name *Same* Street Address (P.O. Box Number is Not Acceptable) *6990 45th Street* City *Vero Beach* FL Zip Code *32967*

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 _Jodi Simon_

Signature, Typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐	**FILE NOW!!! FEE IS $150.00** **After MAY 1, 2000 Fee will be $550.00** **Make Check Payable to Department of State**	10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11.	OFFICERS AND DIRECTORS		12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	D	☐ Delete	TITLE		☒ Change	☐ Addition
NAME	SIMON, JODI		NAME	6990 45th Street		
STREET ADDRESS	4356 60TH AVE		STREET ADDRESS	Vero Beach FL 32967		
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP			
TITLE	P	☐ Delete	TITLE		☒ Change	☐ Addition
NAME	DE CARUFEL, GILLES		NAME	6990 45th Street		
STREET ADDRESS	4356 60TH AVE		STREET ADDRESS	Vero Beach FL 32901		
CITY-ST-ZIP	VERO BEACH FL		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
			NAME			
STREET ADDRESS			STREET ADDRESS			
ST-ZIP			CITY-ST-ZIP			
		☐ Delete	TITLE		☐ Change	☐ Addition
			NAME			
ADDRESS			STREET ADDRESS			
ST-ZIP			CITY-ST-ZIP			
		☐ Delete	TITLE		☐ Change	☐ Addition
			NAME			
ADDRESS			STREET ADDRESS			
ST-ZIP			CITY-ST-ZIP			
		☐ Delete	TITLE		☐ Change	☐ Addition
			NAME			
ADDRESS			STREET ADDRESS			
ST-ZIP			CITY-ST-ZIP			

CR2E034 (9/99)

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: _SIGNATURE REQUIRED_

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