FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 10, 2001 8:00 am Secretary of State DOCUMENT # P95000027847 1. Entity Name BATTERY SHACK II. INC. 01-10-2001 90069 010 ***150.00 Mailing Address Principal Place of Business 100650 OVERSEAS HIGHWAY 100650 OVERSEAS HIGHWAY KEY LARGO FL 33037 KEY LARGO FL 33037 2. Principal Place of Business Ave. DO NOT WRITE IN THIS SPACE 208 Applied For 4. FEI Number 65-0574656 Not Applicable Country BEACL \$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 GELBER, JEROME B **BUTTONWOOD BAY APTS UNIT B-4** 96000 OVERSEAS HIGHWAY KEY LARGO FL 33037 =:::: ty submits this statement for the purpore of changing its registered of ice or registered agent, or both, in the State of Florida. 8. The above name, SIGNATURE _ FILE NOW!!! FEE IS \$150.00 After MAY 1, 200 Fee will be \$550.00 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 Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (10/00) Change TITLE GUBER TREOME ☐ Defete TITLE NAME GELBER, JEROME B NAME STREET ADDRESS STREET ADDRESS 100650 OVERSEAS HIGHWAY CITY-ST-ZIP CITY-ST-ZIP KEY LARGO FL 33037 ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP lied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information leport 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 the empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if directs, with all other like empowered. I hereby certify that the information supplemental indicated on this report or supplemental of the corporation or the receiver or trust changed, or on an attachment with

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: