2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** P95000028776 DOCUMENT # 1. Entity Name 05-01-2003 90764 004 ***150.00 STUTTGART GROUP, INC. Principal Place of Business Mailing Address 822 SW SANTA BARBARA PLACE 822 SW SANTA BARBARA PLACE CAPE CORAL FL 33991 CAPE CORAL FL 33991 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 65-0656795 Not Applicable 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 Name WRIGHT, CHRISTINE Street Address (P.O. Box Number is Not Acceptable) 1105 CAPE CORAL PKWY CAPE CORAL FL 33904 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE 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.-Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution, Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition GRITZMACHER, H. MAURICE NAME NAME 822 SW SANTA BARBARA PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAPE CORAL FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. Thereby 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 602. Florida Statutes; and that my name appears in Block 10 or Block 11 if apter 607. Florida Statutes: and that my name appears in Block 10 or Block 11 if

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