2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P95000046085 1. Entity Name NAUGHTY BUT NICE, TOO, INC. 04-23-2001 90030 003 ***150.00 Principal Place of Business Mailing Address 766 NORTH LAKE BLVD 766 NORTH LAKE BLVD NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408 US Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0588527 Not Applicable \$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 WOODHAM, ROBERT 766 NORTH LAKE BLVD N PALM BCH FL 33408 this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits 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, 2001 Fee will be \$550.00 Tax filling requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE NAME NAME WOODHAM, ROBERT STREET ADDRESS STREET ADDRESS 766 NORTH LAKE BLVD CITY-ST-ZIP CITY-ST-7IP LAKE PARK FL 33403 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME ROBERTO, LINDA STREET ADDRESS STREET ADDRESS 766 NORTH LAKE BLVD CITY-ST-ZIP CITY-ST-ZIP N PALM BCH FL 33408 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP Addition TITLE □ Delete TITLE Change NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daylime Phone #