2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # P95000050174 SLICER'S, INC. 05-01-2000 90477 024 ***150.00 Mailing Address Principal Place of Business 16970-E SAN CARLOS BLVD. 16970-E SAN CARLOS BLVD. FORT MYERS FL 33906-1236 FORT MYERS FL 33906 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 65-0595885 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ATWOOD, Elizabeth ATWOOD, ELIZABETH Street Address (P.O. Box Number is Not Acceptable) 14320 HAMPTON LAKES COURT FT. MYERS FL 33908 City Myers 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 1115100 (NQTE: 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. TITLE Addition ☐ Delete TITLE ALAN W. ATWOOD ATWOOD, ALAN W NAME NAME 1416 Loma Linda Dr. STREET ADDRESS STREET ADDRESS 14320 HAMPTON LAKES CT. Ft. MYCHS, Fl. 33919 CITY-ST-ZIP CITY-ST-ZIP FT. MYERS FL 33908 DATWOOD, NANCY R. Change 1416 Loma Linda Dr. ■ Addition ☐ Delete TITLE ATWOOD, NANCY R NAME STREET ADDRESS 14325 HAMPTON LAKES CT. STREET ADDRESS Ft. Myers, F1. 33919 CITY-ST-7IP CITY-ST-ZIP FT. MYERS FL 33908 ☐ Change Addition Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP