Suide, Apt. X, etc.   Suite. Apr. X, etc.   DO NOT WRITE IN THIS SPACE     City & State   City & State   4. FEI Number   59-3349291     Zie   Country   Zip   Country   S. Centricate of Status Desired   State     6. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent   State Address of New Registered Agent     DESANTIS, NICHOLAS   Streat Address of Current Registered Agent   Name   Streat Address (P.O. Box Number is Net Acceptable)     DOINT ORANGE FL 32119   City   Streat Address (P.O. Box Number is Net Acceptable)   City     B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fielda.   Streat Address (P.O. Box Number is Net Acceptable)     SIGNATURE   The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fielda.     SIGNATURE   The adores named and back to do sone (See ordien to back) (See Address and Defectores and Defectores and State Defectores and St	2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000066368 1. Entity Name ASTRO'S MANAGEMENT CORPORATION					FILED Apr 30, 2001 8:00 am Secretary of State 04-30-2001 90368 014 ***150.00			
Sufe. Apt. 4, etc.   Sufe. Apt. 4, etc.   DO NOT WRITE IN THIS SPACE     City & State   City & State   4. FEI Number   59-3349291     Zip   Country   Zip   Country   S. Centribute of Status Desired   State     B. Name and Address of Current Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent   7. Name and Address of New Registered Agent     DESANTIS, NICHOLAS   State Address of New Registered Agent   7. Name and Address of New Registered Agent   0. Certificate of Status Desired   State     PORT ORANGE FL 32119   City & State   Certificate of Status Desired   State   State Address (P.O. Box Number is Net Acceptable)     B. The address and intro advector togeteelook agent are togeteelook	213 FRANKLIN DRIVE PORT ORANGE FL 32119 JS		P.O. BOX 291294 , PORT ORANGE FL 32129-1294						
City & State     City & State     City & State     4. FEI Number     59-3349291       Zip     Country     S. Centricate of Status Desired     § 8.       J     Country     S. Centricate of Status Desired     § 8.       DESANTIS, NICHOLAS 1213 FRANKLIN DR PORT ORANGE FL 32119     Name     Name     Name       C/dy     City & State     Cay     City & State     Name       Stream Address of Country     S. Centricate of Status Desired     Ager       PORT ORANGE FL 32119     Name     Name     Stream Address (P.O. Box Number is Not Address to Provide a Ager       Stream Address (P.O. Box Number is Not Address of New Registered Ager     City & City & City & State     City &			3. Mailing Address						
Zip       Country       Zip       Country       S. Certificate of Status Desired       S. S. Certificate of Status Desired       S. S. Free              6. Name and Address of Current Registered Agent             7. Name and Address of New Registered Agent             7. Name and Address of New Registered Agent             7. Name and Address of New Registered Agent               DESANTS, NICHOLAS           1213 FRANKLIN DR           PORT ORANGE FL 32119             Name             Street Address (P.C. Box Number is Not Acceptable)               Chr under thit submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.             State Address (P.C. Box Number is Not Acceptable)               7. The subme named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.             State Address (P.C. Box Number is Not Acceptable)               9. The coopcradiants eliqueed by the or sat agents or encorporation is eliqueed to do as           (MCE Regressed Agent scale, e to acceptable)             DATE             DATE               9. The coopcradiants eliqueed to do as           (Sate Charler an back)             DECES NTIS, NICHOLAS             10. Election Compolign Flinendong           Trus	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN TH	IS SPACE		
C. Name and Address of Current Registered Agent   C. Name and Address of New Registered Agent   C. Name and Address (P.C. Box Number is Not Acceptable)   Cay   C	City & State		City & State		4. FEI Number	59-3349291		plied For	
E. Name and Address of Current Registered Agent   T. Name and Address of New Registered Agent   DESANTIS, NICHOLAS   1213 FRANKLIN DR   PORT ORANGE FL 32119   C4y	Zip	Country	Zip	Country	5. Certificate of	Status Desirco 🗌	\$8.75 Add Fee Require		
1213 FRANKLIN DR PORT ORANGE FL 32119   Street Address (P.O. Box Number is Not Acceptable)     214   City   [1],     6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Ficrida.   DATE     SIGNATURE!		6. Name and Address of Current Re	egistered Agent	Name	7. Name and A	dress of New Register	·		
City     Image: City       6. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fonda.       SIGNATURE	1213 FRANKLIN DR			Street Addres	(P.O. Box Number is No! Acceptable)				
SIGNATURE							Zip Cod	e	
MARE   DESANTIS, NICHOLAS   NAME     STRET ADDRESS   3751 SOUTH NOVA ROAD PORT ORANGE FL 32119   NAME     V   V   City - ST - 2P     VTILE   V   V     NAME   JOHNSON, DAVID P     STRET ADDRESS   3751 SOUTH NOVA ROAD     CITY - ST - 2P   PORT ORANGE FL 32119     TITLE   V     NAME   STRET ADDRESS     CITY - ST - 2P   PORT ORANGE FL 32119     TITLE   S     JOHNSON, LORENA   STRET ADDRESS     STRET ADDRESS   3751 SOUTH NOVA ROAD     JOHNSON, LORENA   STRET ADDRESS     STRET ADDRESS   3751 SOUTH NOVA ROAD     JOHNSON, LORENA   STRET ADDRESS     STRET ADDRESS   CITY - ST - 2P     PORT ORANGE FL 32119   CITY - ST - 2P     ITILE   NAME     STRET ADDRESS   CITY - ST - 2P     CITY - ST - 2P   CITY - ST - 2P     ITILE   NAME     NAME   STRET ADDRESS     CITY - ST - 2P   CITY - ST - 2P     ITILE   NAME     NAME   STRET ADDRESS     CITY - ST - 2P   CITY - ST - 2P     ITILE   NAME     NAME   STRET ADDRESS     CITY - ST - 2P   CITY - ST - 2P <t< th=""><th>(See criteria</th><th>a on back) OFFICERS AND D</th><th>Make Check Paya</th><th>able to Department of 5</th><th>State</th><th></th><th></th><th></th></t<>	(See criteria	a on back) OFFICERS AND D	Make Check Paya	able to Department of 5	State				
NAME     JOHNSON, DAVID P     NAME       STREET ADDRESS     3751 SOUTH NOVA ROAD     STREET ADDRESS       CITV-ST-ZIP     PORT ORANGE FL 32119     CITV-S1-ZIP       TITLE     S     ITTLE       NAME     JOHNSON, LORENA     STREET ADDRESS       STATS SOUTH NOVA ROAD     STREET ADDRESS       OITV-ST-ZIP     PORT ORANGE FL 32119       TITLE     S       NAME     STREET ADDRESS       STATS SOUTH NOVA ROAD     STREET ADDRESS       OITV-ST-ZIP     OITV-ST-ZIP       PORT ORANGE FL 32119     CITV-ST-ZIP       ITTLE     Delete     II'LE       NAME     STREET ADDRESS     CITV-ST-ZIP       ITTLE     Delete     II'LE       NAME     STREET ADDRESS     CITV-ST-ZIP       ITTLE     Delete     II'LE       NAME     STREET ADDRESS     CITV-ST-ZIP       ITTLE     MAME     STREET ADDRESS       OITY-ST-ZIP     CITV-ST-ZIP     CITV-ST-ZIP       ITTLE     Delete     II'LE       NAME     STREET ADDRESS     CITV-ST-ZIP       ITTLE     Delete     TITLE <t< th=""><th>ME REET ADORESS</th><th>DESANTIS, NICHOLAS 3751 SOUTH NOVA ROAD</th><th>Delete</th><th>NAME STREET ADDRESS</th><th></th><th></th><th>🗌 Change</th><th>Addition</th></t<>	ME REET ADORESS	DESANTIS, NICHOLAS 3751 SOUTH NOVA ROAD	Delete	NAME STREET ADDRESS			🗌 Change	Addition	
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Forida Statutes. I further certify 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 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 B changed, or on an attachment with an address, with all other like empowered.	of the corp	on this report or supplemental report is poration or the receiver or trustee empoy	frue and accurate and tha wered to execute this reod	t my signature shall have : ort as required by Chapter	Section 119.07(3)(i) he same legal effect 607, Florida Statutes	Florida Statutes. I furthe as if made under oath; th and that my name appe	r certify that the at I am an officc ars in Block 11 c	information er or director or Block 12 if	