2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P95000068069 1. Entity Name CANRAD, INC. 04-26-2000 90189 025 ***150.00 Mailing Address Principal Place of Business 2540 11TH CIR. 1361 AIRPORT ROAD N. NAPLES FL 34103-4503 NAPLES FL 33942 2. Principal Place of Business 3. Mailing Address TRMAMI TR 1616-7 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0620726 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 34112 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CANDITO, JOSEPH P JR. Street Address (P.O. Box Number is Not Acceptable) 2540 11TH CIR. NAPLES FL 34103 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. SIGNATURE DATE 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. This corporation is eligible to satisfy its Intangible 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Change Addition TITLE ☐ Delete CANDITO, JOSEPH P JR. NAME NAME STREET ADDRESS STREET ADDRESS 2540 11TH CIR. CITY-ST-2iP CITY-ST-ZIP NAPLES FL 33940 Change ☐ Addition TITLE ☐ Delete TITLE CANDITO, PATRICIA F NAME 2540 11TH CIR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 33940 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE CANDITO, JOSEPH P SR. NAME STREET ADDRESS 2550 10TH ST. STREET ADDRESS NAPLES FL 33940 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE 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:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9 41- 117 \$175 ate Daytime Phone #