2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000069967 May 16, 2000 8:00 am Secretary of State BRIC-A-BRAC'S, INC. 05-16-2000 90025 020 ***150.00 Mailing Address Principal Place of Business POB 10852 2342 41 ST ST NAPLES FL 34101-0852 SW A-1 NAPLES FL 34116 Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 65-0615739 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HARRIS, SUSAN S Street Address (P.O. Box Number is Not Acceptable) 2342 41ST ST SW A-1 HAZE NAPLES FL 34116 C 4-206 City 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Delete TITLE TITLE HARRIS, SUSAN S NAME NAME 2342 41ST ST SW A-1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL CITY-ST-ZIP ☐ Addition Delete TITLE MILLER, JOSEPH L NAME 100-10 SANTA CLARA DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP NAPLES FL 34104 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OF BRIDGED NAME OF SIGNING OFFICER OF DIRECTOR

☐ Delete

4-26-00 941-352-4316

Daytime Phone #

☐ Change

☐ Addition