2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P95000074764 1. Entity Name NOKO, INC. 03-20-2000 90117 035 ***150.00 Mailing Address Principal Place of Business C/O KITTINGER 6347 APPROACH RD 1039 ROBERTA ST. SARASOTA FL 34238 VENICE FL 34292-2142 2. Principal Place of Business 1039 ROBERTA 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State VENICE 4. FEI Number 65-0613912 Not Applicable Country \$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 Name ICARD.MERRILL.CULLIS.TIMM.FUREN & GINSBURG Street Address (P.O. Box Number is Not Acceptable) ATTN: MICHAEL L. FOREMAN 2033 MAIN STREET, SUITE 600 SARASOTA FL 34237 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Change Addition TITLE TITLE □ Delete WELLER, RICHARD NAME NAME 1039 RUBERTA ST VENICE, FL 34292 STREET ADDRESS STREET ADDRESS 6347 APPROACH ROAD CITY-ST-ZIP CITY-ST-716 SARASOTA FL 34238 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ De ete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 aport 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 addless, with all other like empowered. RICHARD N. WELLER March 6, 2000 (941) 923-2469

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

Change

Addition