2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 04, 2000 8:00 am DOCUMENT # **P9600003758 Secretary of State** SUGAR DADDY'S, INC. 03-04-2000 90044 005 ***150.00 Mailing Address Principal Place of Business 9621 N.W. 16TH STREET 9621 N.W. 16TH STREET FT. LAUDERDALE FL 33322-4208 FT. LAUDERDALE FL 33322 2. Principal Place of Business 3. Mailing Address N. OORGAN DR 10001 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc 703 Applied For 4. FEI Number 65-0658385 Wood-F Not Applicable \$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 **CURTIS, CHARLES L** Street Address (P.O. Box Number is Not Acceptable) DOUMAR, CURTIS, CROSS, LAYSTROM & PERLOFF 1177 S.E. THIRD AVE. FT. LAUDERDALE FL 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Delete TITLE TITI F ABBOTT, WAYNE NAME 6001 NOCEAN DR Suite 703 NAME STREET ADDRESS 9821 N.W. 16 STREET STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33322 CITY-ST-ZIF Change Addition ☐ Delete TITLE TITLE DOHERTY, THOMAS A III NAME NAME STREET ADDRESS. STREET ADDRESS 221 N.W. 118 AVENUE CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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-7IP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAMÉ

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: SIGNAT

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE OF TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

/31/00 95447452