2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P96000032171 May 09, 2000 8:00 am Secretary of State TOP'S VACUUM CLEANERS OF SARASOTA, INC. 05-09-2000 90004 021 ***150.00 Principal Place of Business Mailing Address 3604 S. OSPREY AVE 3604 S. OSPREY AVE SARASOTA FL 34239-5927 SARASOTA FL 34249 3. Mailing Address 2. Principal Place of Business Ave. 2224 Novus st. 3604 S. Osprey Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Sturisata Applied For City & State City & State 4. FEI Number 65-0668122 Sarasota, Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired USA US A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent lopun TOPJUN, RANDALL 2250 OKOBEE DR. SARASOTA FL 34236 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 (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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition TITLE TITLE Delete TOPJUN, RANDALL J. NAME NAME TOPJON, TRACY, E 2224 NOVOS ST 2250 OKOBEE DRIVE STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition □ Delete TITLE NAME NAME NOVUS St. STREET ADDRESS STREET ADDRESS Sarascta, Fl. 34237 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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 TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

4-26-00 941-364-5733