2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 21, 2000 8:00 am Secretary of State DOCUMENT # P9600038101 ALL THAT GLITTERS OF S.W. FLORIDA, INC. 08-21-2000 90213 029 ***550.00 Mailing Address Principal Place of Business 3512 SW 7TH TERR 3512 SW 7TH TERRACE CAPE CORAL FL 33991-1639 CAPE CORAL FL 33991-1639 US 2. Principal Place of Business 3. Mailing Address 35/2 gw TTH TER SMM = Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0675990 Not Applicable CAPP CORAL Country \$8.75 Additional Zip 5. Certificate of Status Desired 33991 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ~ MILLER, ROBERT G Street Address (P.O. Box Number is Not Acceptable) 3412 SW 7TH TERRACE CAPE CORAL FL 33991 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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 12. 11. DPST ☐ Change ☐ Addition ☐ Delete TITLE TITLE MILLER, ROBERT G NAME NAME STREET ADDRESS 3512 SW 7TH TERRACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CAPE CORAL FL 33991 Change ☐ Addition ☐ Delete 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 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME 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-ZIF ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

ROBERT: MISSESSE: AND SEESSE: AND S

SIGNATURE:

SCHALLER AND THE DATE OF SIGNING OFFICER OF DIRECT

8-10-00

Daytime Phone #

HHACHNIENT DHEPALUUSSOUI DUEU 118 8-14-00

TO: DIVISION OF CORPORATIONS STATE OF FLORIDA

FROM: ROBERT MILLER

ALL THAT GUITTERS 3512 SW 7TH TER

OF SW FLORIDA THE CORAL FL 33991

While CLEANING DUE OFFICE AND MOVING THE BESK I FOUND THE 2000 UNIFORM BUSINESS REPORT. I THOUGHT IT HAD BEEN TAKEN CARE OF BUT OBVIOUSLY IT WAS NOT:

HERE IT IS WITH CHECK FOR \$50.0.

I WOULD LIKE TO MAKE SURE OUR

CORPORATION IS NOT DISOLVES.

PLEASE ABVISE IF FUNTHER STEPS Should BE TAKEN TO AVOID ANY PROBLEMS WITH this IMPORTANT MATTER.

THANK YOU

Arbert Miller ALL THAT GLITTERS OF SW FLORIDATION