| MICHELLE I. CATES, P.A.    Principal Place of Business   Striker   | 2001 UNIFORM BUSINESS REPORT (UBR)  DOCUMENT # P96000054157 |                               |                             |  |                      |                 | FILED Sep 10, 2001 8:00 am Secretary of State  |             |
|--|---|-------------------------------|-----------------------------|--|----------------------|-----------------|--|-------------|
| MICHELLE I. CATES, P.A.  Principal Place of Business \$07 WHTREAD STREET KEY WEST R. 3000  2. Principal Place of Business Suite. Apri. 4. etc.  City & State Chy &                                       |   |                               | P96000                      | 1004107                                    |                      |                 | Secretary of State   |             |
| Principal Place of Business Soft WHTPHEAD STREET REY WEST PL 3000  2. Principal Place of Business Soft WHTPHEAD STREET REY WEST PL 3000  3. Mailing Address Soft Apt. #. etc.  DO NOT WRITE IN THIS SPACE  Cris & State  Cris & State  Cris & State  Cris & State  Country  2. Do Country  2. Do Country  2. Do Country  2. Do Country  3. Application Fee Required  6. Name and Address of Current Registered Agent  Name  CATES, MICHELLE I SOFT WHITEHEAD STREET  KEY WEST FL 33040  The above parend direky submits this statement to the purpose of changing its registered diffice or registered agent, or both, in this State of Plotida.  SIGNATURE  Septiment to entire to mission to stately its Inhangible in the purpose of changing its registered diffice or registered agent, or both, in this State of Plotida.  SIGNATURE  Septiment to entire to mission to stately its Inhangible in the purpose of changing its registered diffice or registered agent, or both, in this State of Plotida.  SIGNATURE  Septiment to entire to mission to stately its Inhangible in the purpose of changing its registered diffice or registered agent, or both, in this State of Plotida.  SIGNATURE  Septiment to entire to mission to stately its Inhangible in the purpose of changing its registered diffice or registered agent, or both, in this State of Plotida.  SIGNATURE  Septiment to entire to mission to stately its Inhangible in the purpose of changing its registered Agent agent and the first contribution to first in mission of Plotida.  SIGNATURE Septiment 12, 2001 Fee will be 579,00 May be Addition of Fee Statel Septiment 12, 2001 Fee will be 579,00 May be Addition of Fee Statel Septiment 12, 2001 Fee will be 579,00 May be Addition of Fee Statel Septiment 12, 2001 Fee will be 579,00 May be Addition of Fee Statel Septiment 12, 2001 Fee will be 579,00 May be Addition of Fee Statel Septiment 12, 2001 Fee Will be 579,00 May be Addition of Fee Statel Septiment 12, 2001 Fee Will be 579,0                                       |   |                               | <b>A</b> .                  |  |                      | Λ               |  | <           |
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| REY WEST FL 30040  REY WEST FL 3                                       | Principal Plac  | ce of Business                |                             | Mailing Address                            |                      | •               |  |             |
| Sulls, Apt. #, etc.  Sulls, Apt. #, etc.  City & State  Country  |   |                               |                             |  |                      | 0008000         |  |             |
| Sulfe, Apt. #, etc.  Cov. & State  Cov. & St                                       | KEY WEST FL   | L 33040                       |                             | KEY WEST FL 33040                          |                      |                 | 60076006   |             |
| Sulfe, Apt. #, etc.  Cov. & State  Cov. & St                                       |   |                               |                             |  |                      |                 |  |             |
| City & State  City & State  Country  Co                                       | 2. Principal f  | Place of Business             |                             | 3. Mailing Address                         |                      |                 | n indirindi sid idirif dirik dolih dolih dolih dolih dolih dirik difibi hiddi dirik kodi kodik |             |
| Country   Zip   Country   Zip   Country   S. Certificate of Status Desired   S8.75 Additional Fee Required   S9.75 Additiona   | Suite, Apt  | . #, etc.                     |                             | Suite, Apt. #, etc.                        |                      |                 | DO NOT WRITE IN THIS SPACE   |             |
| See and the production is eligible to satisfy its Intampible Tax Right production to this composition of basis and elects to do so.  After Spetember 12, 2011 Fee will be \$750.00  After Replacement and elects to do so.  After Replacement and elects to do so.  After Replacement 13, 12011 Fee will be \$750.00  After Replacement 14, 2011 Fee will be \$750.00  After Replacement 15, 2011 Fee will be \$750.00  After Repl | City & Sta  | te                            |                             | City & State                               |                      | -               | 65-0690157   |             |
| ATTEX MICHELLE I SOT WHITEHEAD STREET KEY WEST FL 33040  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.  SIGNATURE  Sopramula, freed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Sopramula, freed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Sopramula, freed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Sopramula, freed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Sopramula, freed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  Sopramula, freed or primed name of registered agent, or both, in the State of Florida.  SIGNATURE  SIGNATU                                       | Zip   | Count                         | try                         | Zip  | Country              |                 | 5 Certificate of Status Desired Status Resired Status Resired                                  |             |
| CATES, MICHELLE I 507 WHITEHEAD STREET KEY WEST FL 33040  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  9. This corporation is eligible to satisfy its Intangible Tax Hilling requirement and elects to do so.   After September 12, 2001 Fee will be \$750.00   After September 12, 2001    |   | 6. Name and Ad                | dress of Current Re         | gistered Agent                             |                      |                 |  |             |
| SIGNATURE  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  9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (Soc orderia on back)  10. Election Campaging Financing Trust Fund Contribution.  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  14. MAKE  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  16. CITY ST-2P  17. ELECTION Campaging Financing Trust Fund Contribution.  18. Election Campaging Financing Trust Fund Contribution.  19. Election Campaging Financing Trust Fund Contribution.  10. Election Campaging Financing Trust Fund Contribution.  11. Election Campaging Financing Trust Fund Contribution.  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MAKE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MAKE  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11. MAKE  13. Election Campaging Financing Trust Fund Contribution.  14. Election Campaging Financing Trust Fund Contribution.  15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS Trust Fund Contribution.  16. Election Campaging Financing Trust Fund Contribution.  17. Election Campaging Financing Trust Fund Contribution.  18. Election Campaging Financing Trust Fund Contribution.  19. Election Campaging Financing Trust Fund Contribution.                                       |   |                               |                             |  | Name                 | ÷               |  |             |
| City 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    Signature, hower or pretind review of registered agent and the if avacable in the State of Florida.  SIGNATURE   Signature, hower or pretind review of registered agent and steel if avacable in the State of Florida.  SIGNATURE   Signature, hower or pretind review of registered agent and steel if avacable in the State of Florida.  SIGNATURE   Signature, hower or pretind review of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hower or pretind review of registered agent, or both, in the State of Florida.  SIGNATURE   Signature, hower or pretind review of registered agent, or both, in the State of Florida.    Signature, hower or pretind review of registered agent, or both, in the State of Florida.    Signature, hower or pretind review of registered agent, or both, in the State of Florida.    Signature, hower or pretind review of registered agent, or both, in the State of Florida.    Signature, hower or pretind review of registered agent, or both, in the State of Florida.    Signature, hower or pretind review of registered agent, or both, in the State of Florida.    Signature, hower review agent, or both, in the State of Florida.    Signature, hower review agent, or both, in the State of Florida.    Signature, hower review agent, or both, in the State of Florida.    Signature, hower review agent, or both, in the State of Florida.    Signature, hower review agent, or both, in the State of Florida.    Signature, hower review agent, or both, in the State of Florida.    Signature, hower review agent age                                       |   |                               |                             |  | Street               | t Address (F    | P.O. Box Number is Not Acceptable)   |             |
| ### City   FL   Zip Code    ##                                       |   |                               |                             |  |                      |                 |  |             |
| 8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.    SIGNATURE  | 77. 71.20   |                               |                             |  | City                 |                 | <b>₽1</b> Zin Code   |             |
| SIGNATURE  9. This corporation is eligible to satisfy its Intangible (See criteria on back)  9. This corporation is eligible to satisfy its Intangible (See criteria on back)  11. OFFICERS AND DIRECTORS  12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  PSD CATES, MICHELLE I  SIRERI ADDRESS CITY-ST-ZIP  TITLE  NAME  SIRERI ADDRESS CITY-ST-ZIP  TITLE  NAME SIRERI ADDRESS CITY-ST-ZIP  Delete  TITLE NAME SIRERI ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIRERI ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIRERI ADDRESS CITY-ST-ZIP  TITLE NAME SIRERI ADDRESS CITY-ST-ZIP  TITLE NAME SIRERI ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIRERI ADDRESS CITY-ST-ZIP  Delete TITLE NAME SIRERI ADDRESS CITY-ST-ZIP  TITLE NAME SIR                                       | 9 The obeye   | and and the section of        | . 46:                       |  |                      |                 | <u> </u>   |             |
| Signature, typed or printer harmen of registered agreen and still application (NOTE Registered Agreen segment received where reinstating)   Signature received where reinstating)   Signature received where reinstating)   Signature received where reinstating   Signature received will be received where reinstating   Signature received where reinstating   Signature received will be \$750.00    11. Election Campaign Financing   S\$5.00 May Be Added to Fees   | o. The above  | riamed emity submit           | s this statement for th     | ie purpose of changing its r               | egisterea office     | or registere    | ed agent, or both, in the State of Florida.  |             |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   After September 12, 2001 Fee will be \$750.00   After September 12, 2001 Fee will be \$750.00   After September 12, 2001 Fee will be \$750.00   Added to Fees   | SIGNATURE   | Signature, broad or printed p | ame of registered agent and | title if applicable (NOTE                  | Registered Agent sig | nature required | when rejectation)  | •           |
| Tax filing requirement and elects to do so.   After September 12, 2001 Fee will be \$750.00   Trust Fund Contribution.   \$5.00 May Be Added to Fees    11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE   PSD   CATES, MICHELLE   STREET ADDRESS   STREET ADDRE                                     | This corp.  |                               |                             | T  |                      |                 | when ranisating)   |             |
| 11. OFFICERS AND DIRECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11    PSD  | Tax filing requirement and elects to do so.                 |                               |                             | After September 12, 2001 Fee will be \$750 |                      | l be \$750.0    | Trust Fund Contribution Added to Food  |             |
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STREET ADDRESS CITY-ST-ZIP

9/2/01 3052967760

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

SIGNATURE: