FILED May 13, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000059026 1. Entity Name -13-2002 90181 032 ***150 00 D&M FORT PIERCE, INC. Principal Place of Business Mailing Address 2505 LAGUNA TERRACE 2505 LAGUNA TERRACE FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 us DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0690107 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DMENICA FLORA, DOMENICA M Street Address (P.O. Box Number is Not Acceptable) 2505 LAGUNA TERRACE Mariner FORT LAUDERDALE FL 33316 City 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 printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 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. ☐ Delete TITLE TITLE chael J. Flora 98 Mariner Drive FLORA, MICHAEL J NAME NAME STREET ADDRESS STREET ADDRESS 2505 LAGUNA TERRACE CITY-ST-ZIP FORT LAUDERDALE FL 33316 CITY-ST-ZIP TITLE TITLE Delete NAME NAME FLORA, DOMENICA M STREET ADDRESS STREET ADDRESS 2505 LAGUNA TERRACE CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33316 ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME 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 ☐ Delete TITLE ☐ Change ☐ Addition 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN

CR2E034 (9/01)