2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # P96000061334 Jan 27, 2000 8:00 am **Secretary of State** MAID IN THE SHADE INC. 01-27-2000 90031 006 ***150.00 Principal Place of Business Mailing Address 677 NORTH WASHINGTON AVE 677 NORTH WASHINGTON AVE SARASOTA FL 34236-4241 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address TAMIAM! TRAIL N. TAMIAM' TRAIL DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0678728 Not Applicable Country \$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 Name WERMANN, JOHN F Street Address (P.O. Box Number is Not Acceptable) 5371 KENT ROAD VENICE FL 34293 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 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 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. ☐ Change TITLE ☐ Delete WERMANN, JOHN F NAME STREET ADDRESS 5371 KENT ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VENICE FL 34293 SAME ☐ Delete TITLE ☐ Addition TITLE SAME 6504 34B AVE WEST BRADENTON FL 34209 SPAGNOLA, GEORGE M JR NAME NAME 1220 ANGELA MARIA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34143 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

John F. WERMANA