## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 25, 2000 8:00 am Secretary of State DOCUMENT # P96000063788 1. Entity Name A. J. FLOWERS, INC. 02-25-2000 90003 033 \*\*\*150.00 Principal Place of Business Mailing Address 1481 CHESAPEAKE AVENUE 1481 CHESAPEAKE AVENUE NAPLES FL 33928-2513 NAPLES FL 34102 2. Principal Place of Business 4851 Kiverside Dr. 3. Mailing Address Riverside 4851 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0689502 Estevo Esturo Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired us A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Jaukegui JAUREGUL ALBERTO Street Address (P.O. Box Number in Net Acceptable) 1481 CHESAPEAKE AVENUE NAPLES FL 38962 City ESTERO 8. The above name entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Alberto Jauregeri e 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. ☐ Addition TITLE ☐ Delete TITLE JAUREGUI ALBERTO JAUREGUI, ALBERTO NAME NAME 4851 Riverside Dr. 1481 CHESAPEAKE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Estero, FL 3392 CITY-ST-ZIP NAPLES FL 33962 Change Addition Delete TITLE TITLE NAME 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1800 日本の行所 CITY-ST-ZIP 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 arthstee 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 other like empowered.

SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

01/18/00 Date 941-450-0039

Daytime Phone #