2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P96000064185** May 15, 2000 8:00 am Secretary of State SKY FOODS INC. 05-15-2000 90233 042 ***150.00 Mailing Address Principal Place of Business 6671 W INDIANTOWN RD 6671 W INDIANTOWN RD #56422 #56422 JUPITER FL 33458-3972 JUPITER FL 33458 US US 2. Principal Place of Business 3. Mailing Address 16671 W. IND, ANTOWN RE 067(.W. INDIANTUWN RE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE SUITE 56 SUITE 56 City & State Applied For City & State 4. FE) Number 65-068 1992 JUPITER JUP ITER 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 rotne, susie b Street Address (P.O. Box Number is Not Acceptable) 6671 WEST INDIANTOWN ROAD #56422 JUPITER FL 33458 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 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. AON DES Change ☐ Addition TITLE ☐ Delete TITLE ROTNE, SUSIE B ROTNE, SUSIE B NAME MARAE 6671 W. INDIANTOWN ROAD STREET ADDRESS 6671 WEST INDIANTOWN ROAD #56422 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JUPITER FL 33458 SUITE 56 PMB 422 ☐ Change ☐ Addition ☐ Delete TITLE TITLE FL 33458 JUPITER 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 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE ☐ Delete 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 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: