2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2000 8:00 am DOCUMENT # **P96000065986** Secretary of State SUWANNEE CRAFT CORPORATION 03-31-2000 90085 034 ***150.00 Mailing Address Principal Place of Business 2380 DEVONSWOOD ROAD 2380 DEVONSWOOD ROAD TITUSVILLE FL 32780-4501 TITUSVILLE FL 32780 2. Principal Place of Business 3. Mailing Address SOUTH STREET 3500 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3421720 FLORIDA TITUSVILLE Not Applicable Zip \$8.75 Additional Country BREVAR D 5. Certificate of Status Desired 32780 Fee Required 7. Name and Address of New Registered Agent ---- 6. Name and Address of Current Registered Agent Name STEWART, CHRISTOPHER H Street Address (P.O. Box Number is Not Acceptable) 2380 DEVONSWOOD ROAD TITUSVILLE FL 32780 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) DATE 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 □ Addition TITLE ☐ Delete TITLE STEWART, CHRISTOPHER H NAME NAME 2380 DEVONSWOOD ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 Addition ☐ Change TITLE ☐ Delete 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 ☐ Change ☐ Delete TITLE 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 Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 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.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: