2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9700003993 Apr 13, 2000 8:00 am Secretary of State PENINSULA SPECIALTY MARKETING SERVICES, INC. 04-13-2000 90102 049 ***150.00 Mailing Address Principal Place of Business 2828 SOUTH MCCALL ROAD, SUITE 32, BOX 13 2828 SOUTH MCCALL ROAD, SUITE 32, BOX 13 ENGLEWOOD FL 34224-9517 ENGLEWOOD FL 34224 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0719777 Not Applicable Country **\$8.75** Additional Zip Zio Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GARDINER, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 53 SPORTSMAN LANE PLACIDA FL 33947 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 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 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 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition TITI E TITLE ☐ Delete GARDINER, STEPHEN R CEO NAME NAME 2828 SOUTH MCCALL ROAD, SUITE 32, BOX 13 STREET ADDRESS STREET ADDRESS ENGLEWOOD FL 34224 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE GARDINER, KAREN A NAME NAME 2828 SOUTH MCCALL ROAD, SUITE 32, BOX 13 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLEWOOD FL 34224 TITLE Change ☐ Addition □ 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 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP