2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am Secretary of State DOCUMENT # P97000003993 PENINSULA SPECIALTY MARKETING SERVICES, INC. 05-11-2001 90027 003 ***150.00 Principal Place of Business Mailing Address 2828 SOUTH MCCALL ROAD, SUITE 32, BOX 13 2828 SOUTH MCCALL ROAD, SUITE 32, BOX 13 ENGLEWOOD FL 34224 ENGLEWOOD FL 34224 2. Principal Piace of Business 3. Mailing Address PMB 13 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 2828 S. McCAU, STE 32 City & State 65-0719777 Applied For 4. FEI Number Engliwood Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GARDINER, STEPHEN Street Address (P.O. Box Number is Not Acceptable) 53 SPORTSMAN LANE PLACIDA FL 33947 City 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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 11. 12. TITLE 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 ST TITLE Change Addition ☐ Delete TITLE GARDINER, KAREN A NAME NAME 2828 SOUTH MCCALL ROAD, SUITE 32, BOX 13 STREET ADDRESS STREET ADDRESS. CITY-ST-ZIP **ENGLEWOOD FL 34224** CITY-ST-ZIE ☐ Delete Change TITLE TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition Delete 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

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-7IE

TITLE

NAME

☐ Delete

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/01

941-698-1276

☐ Change

Addition

Daytime Phone #