2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000012282 Apr 12, 2000 8:00 am 1. Entity Name Secretary of State FIORE & BRABZ, INC. 04-12-2000 90068 043 ***150.00 Mailing Address Principal Place of Business 161 WEATHERSFIELD AVE N 161 WEATHERSFIELD AVE N ALTAMONTE SPRGS FL 32714 ALTAMONTS SPRGS FL 32746-5825 2. Principal Place of Business 2Eb Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3431980 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAROL FIORE Address (P.Q. Box Number 161 WEATHERSEIELD AVE N ALTAMONTE SPRGS FL 32714 City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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. PT TITLE PTChange Addition ☐ Defete TITLE Flore CARO NAME NAME FIORE, CAROL STREET ADDRESS STREET ADDRESS 161-WEATHERSFIELD AVE N ADOress CITY-ST-ZIP CITY-ST-ZIP ALTAMONTE SPROS FL 32714 Delete TITLE TITLE NAME NAME BRABAZON, GEORGE 161 WEATHERSFIELD AVE N STREET ADDRESS STREET ADDRESS ADDress CITY-ST-ZIP CITY-ST-7IP ALTAMONTE SPRGS Ft 32714 TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE. NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TiTLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ 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 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 is changed, or on an attachment with an address, with all giver like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CARUL AFTORE

4/1/0v (904) 767-36