2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P97000028620 May 09, 2000 8:00 am 1. Entity Name **Secretary of State** ARM-SOX USA, INC. 05-09-2000 90106 028 ***158.75 Principal Place of Business Mailing Address 458 CASA YBEL RD 458 CASA YBEL RD DOWNSTAIRS SUITE DOWNSTAIRS SUITE SANIBEL FL 33957-4311 SANIBEL FL 33957 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0756989 Not Applicable Zip 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 MAY, BEARY L Street Address (P.O. Box Number is Not Acceptable) 458 CASA YBEL RD DOWNSTAIRS SUITE SANIBEL ISLAND FL 33957 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 (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. President Change ☐ Addition ☐ Delete TITLE TITLE MAY, BEARY LEON NAME MAY, BEARY NAME 2125 SUNSET CIRCLE STREET ADDRESS STREET ADDRESS CASA CITY-ST-ZIP CITY-ST-ZIP SANIBEL FL 33957 ☐ Addition Change Delete TITLE TITLE BARNES, R E NAME NAME 131 EAST WATER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHARLOTTE NC 28273 CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE CENTURY, LUCAS NAME NAME 1160 BETTONWOOD LANE STREET ADDRESS STREET ADDRESS SANIBEL FL 33957 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE 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 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.