FILED 2001 UNIFORM BUSINESS REPORT (UBR) Feb 01, 2001 8:00 am Secretary of State **DOCUMENT # P97000029385** D & T ENTERPRISES OF LAKELAND, INC. 02-01-2001 90131 004 ***150.00 Principal Place of Business Mailing Address IS2 CAMUEL CHACE LANE 702 SAMUEL CHASE LANE W. MELBOURNE FL 32904 - (SAME) W. MELBOURNE FL 32904 - (CAMB) 2815 PENNSYLVANIA ST 2815 PENNSYLVANIAST. 3. Mailing Address 2. Principal Place of Business PENNSYLVANTA 2815 PENNSYLVANDA DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State 59-3440445 WELBOURNE Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name FAUBEL, DAN Street Address (P.O.Box Number is Not Acceptable) -762 SAMUEL CHASE LANE-W. MELBOURNE FL 32904 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE ☐ Delete FAUBEL, DANIEL NAME NAME PENASYLVANTA ST. STREET ADDRESS **762 SAMUEL CHASE LANE** STREET ADDRESS CITY-ST-ZIP W. MELBOURNE FL 32904 CITY-ST-ZIP TITLE ☐ Delete TITLE CLOUD, TERRA NAME NAME **762 SAMUEL CHASE LANE** STREET ADDRESS STREET ADDRESS CITY-ST-7/P W. MELBOURNE FL 32904 CITY-ST-ZIP ☐ Addition Change ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/22/01

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