2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P9700040554 Aug 03, 2000 8:00 am Secretary of State COLBY CO. INTERNATIONAL TRADE CORP. 08-03-2000 90038 020 ***550.00 Principal Place of Business Mailing Address 441 MEADOWLARK DR 441 MEADOWLARK DR SARASOTA FL 34236 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address 7429 MONTE SIME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SAME City & State 5 A/ ASO1 A City & State 4. FEI Number Applied For 06-1395246 SAME Not Applicable Country SAME Zip \$8.75 Additional 5. Certificate of Status Desired 34238 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COLBY, ROBERT E JR. Street Address (P.O. Box Number is Not Acceptable) 441 MEADOWLARK DRIVE - BIRD KEY BIROKEY SARASOTA FL 34236 SAYASOTA 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) FILE NOW!!! FEE IS \$550.00 . 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00. 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 OFFICERS AND DIRECTORS 11. 12. SEC Change Addition Delete TITLE TITLE Diane Colby 7429 Monte Vede **BAILEY DAINO** MAME STREET ADDRESS STREET ADDRESS 1224 MAIN ST Satusta, FL 34238 CITY-ST-ZIP CITY-ST-ZIP **BRANFORD CT 06405** Colby Robert E. Jr. 7429 Monte Venle ☐ Delete Addition COLBY, ROBERT E JR. STREET ADDRESS 441 MEADOWLARK DR STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34236 CITY-ST-ZIP Delete Addition TITLE NAME WILKINSON, JOHN J Harrison Holick STREET ADDRESS 11 HARBOR CT. STREET ADDRESS CITY-ST-ZIP **BRANFORD CT 06405** CITY-ST-ZIP Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition 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

SIGNATURE:

STREET AODRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

7/25/00

941-924-848/ Daytime Phone #