2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 12, 2001 8:00 am Secretary of State **DOCUMENT # P97000043130** ATLANTIS TEXTILE, INC. 03-12-2001 90488 009 ***158.75 Principal Place of Business Mailing Address 1505 S E 40TH STREET 1420 SE ARD ST SUITE C U0024442 CAPE CORAL FL 33904 3. Mailing Address P.O. Box 101410 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0753343 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Gerland UNSOELD, GERE 4230 JE, 2014 Place # 202 Address (P.O. Box Number is Not Acceptable) 1420 SE 3BD STREET Cape Coral, 71 33904 Zip Code 8. The above named entity submits 1/fis statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE Signature, typed or fringer from gent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **DPST** TITLE Delete TITLE Change ☐ Addition UNSOLD, EDITH NAME NAME 1420 SE JAD ST 4230 NE, 20 14 Place # 20. STREET ADDRESS STREET ADDRESS CAPE CORAL FL 3309 33904 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition TITLE LA ROCCO, ROBERT nsould, Germand NAME NAME 1505 SE 40TH ST STE C STREET ADDRESS STREET ADDRESS CAPE CORAL FL 33904 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 life empowered. SIGNATURE:

SIGNATURE AND TYPEO OF

ED NAME OF SIGNING OFFICER OR DIRECTOR