FILED 2000 UNIFORM BUSINESS REPORT (UBR) Mar 23, 2000 8:00 am Secretary of State DOCUMENT # P97000051668 03-23-2000 90007 026 ***150.00 DEVOTION TATTOO, INC. Mailing Address Principal Place of Business 813 È. CÓLONIAL. INC. 813 E. COLONIAL DR. ORLÁNDO FL 32803 ORLANDO FL 32803 628825 2. Principal Place of Business 3. Mailing Address 1010 N. MILLS ADE 1010 N. MILLS Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For Clty & State 4. FEI Number City & State 59-3450074 Not Applicable ORLANDO, ORLANDO Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 32803 32803 USA. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCLEOD, LANCE C Street Address (P.O. Box Number is Not Acceptable) 1064 AZALEA LN. WINTER PARK FL 32789 Zip Code 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 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 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 PTS ☐ Change ☐ Addition TITLE TITLE ☐ Delete MCLOUD, LANCE C NAME NAME STREET ADDRESS STREET ADDRESS 1064 AZALEA LN. CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: