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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with

SIGNATURE AND TYPED OF

SIGNATURE:

Feb 13, 2001 8:00 am DOCUMENT # P9700053616 **Secretary of State** STAMPING WILD, INC. 02-13-2001 90063 036 ***150.00 Principal Place of Business Mailing Address 5227 WEST BROWARD BLVD. 5227 WEST BROWARD BLVD. PLANTATION FL 33317 PLANTATION FL 33317 919955 2. Principal Place of Business 3. Mailing Address <u>7019 W.</u> Broward Blud Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE y & State City & State Applied For 4. FEI Number 65-0760582 lantation Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33317 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LLOYD, LYNN D Street Address (P.O. Box Number is Not Acceptable) 7019 W. Broward Boulevard 5227 WEST BROWARD BLVD. PLANTATION FL 33317 Zip Code 317 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) 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. Atter MAY 1, 2001 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 3R2E034 (10/00) TITLE ☐ Change Addition TITLE ☐ Delete LLOYD, LYNN D NAME NAME 7040 SW 7TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33317 CITY-ST-7IP TITLE TITLE ☐ Delete ☐ Change ☐ Addition LLOYD, CHRISTOPHER R NAME NAME 7040 SW 7TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PLANTATION FL 33317 TITLE □ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP 13. Thereby 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 people as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if