2000 UNIFORM BUSINESS REPORT (UBR) OCUMENT # P97000073344 THE DETLOR CORPORATION Mailing Address Principal Place of Business 205 SOUTH BANANA RIVER BLVD #104 SOUTH BANANA RIVER BLVD #104 COCOA BEACH FL 32931-5055 " .. A BEACH FL 32931 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number City & State City & State 59-3466953 Country Zip Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent O'BRIEN, JAMES M ESQ Street Address (P.O. Box Number is Not Acceptable) 1686 WEST HIBISCUS BLVD MELBOURNE FL 32901 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. DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE LEATHERS, LORA M NAME NAME 205 SOUTH BANANA RIVER BLVD #104 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-7IP CITY-ST-ZIP TITLE TITLE Delete ECONOMOU, LEON S NAME 205 SOUTH BANANA RIVER BLVD #104 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COCOA BEACH FL 32931 CITY-ST-ZIP Delete TITLE TITLE

FILED Apr 24, 2000 8:00 am Secretary of State

04-24-2000 90076 001 ***150.00

Applied For Not Applicable \$8.75 Additional Fee Required Zip Code \$5.00 May Be Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 66/6 ☐ Change ☐ Addition 2 ☐ Change Addition ☐ Change ☐ Addition ECONOMOU, WANDA M NAME NAME 205 SOUTH BANANA RIVER BLVD #104 STREET ADDRESS STREET ADDRESS COCOA BEACH FL 32931 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete _ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Change ☐ Addition ☐ Delete 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 the empowered

SIGNATURE: