2000 UNIFORM BUSINESS REPORT (UBR)

May 08, 2000 8:00 am Secretary of State DOCUMENT # P97000083074 1. Entity Name WASH LAND, INC. 05-08-2000 90080 014 ***150.00 Principal Place of Business Mailing Address P O BOX 3704 P O BOX 3704 ST AUGUSTINE FL 32085-3704 ST AUGUSTINE FL 32085 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3466060 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Rajeev Salooja SALOOJA, VIVEK-Street Address (P.O. Box Number is Not Acceptable) 3604 WINDJAMMER LANE ST AUGUSTINE FL 32095 104 River Landing Drive Zip Code 32095 St. Augustine 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. (NOTE, Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition ☐ Delete TITLE NAME SALOOJA, VIVEK Salooja, Vivek STREET ADDRESS 104 River Landing Drive St. Augustine, FL 32095 STREET ADDRESS 3604 WINDJAMMER-LANE CITY-ST-ZIP CITY-ST-ZIP-ST AUGUSTINE FL 32095 XI Change ☐ Delete TITLE Addition NAME SALOOJA, RAJEEV NAME Salooja, Rajeev STREET ADDRESS STREET ADDRESS 3604-WINDJAMMER LANE -104 River Landing Drive CITY-ST-7IP CITY-ST-ZIP St. Augustine, FL 32095 ST AUGUSTINE FL 32095 Addition ☐ Change TITI F Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Addition ☐ Change TIT! F ☐ Delete TITLE NAME NAME

13. I hereby certify that the information supplied with this fitting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. Lifurther 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP