2000 UNIFORM BUSINESS REPORT (UBR)

Mar 09, 2000 08:00 AM DOCUMENT # P9700089380 1. Entity Name **Secretary of State** WHALRUZ CREATIONS, INC. Principal Place of Business Mailing Address 2198 MAIN STREET 2198 MAIN STREET SARASOTA FL SARASOTA FL 34237 34237 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0787990 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JAENSCH 2198 MAIN STREET Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34237 Zip Code 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. 03/09/2000 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE JS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2000 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D Delete TILE X Change ☐ Addition JOYET NORMA NAME JOYET NORMA STREET ADDRESS 5293 OLD ASHWOOD DR STREET ADDRESS 4521 MIDLAND RD. CITY-ST-ZIP SARASOTA 34233 CITY-ST-ZIP SARASOTA 34231 TITLE ☐ Delete TITLE X Change ☐ Addition NAME РИПЛРРЕ. NAME РИП ГРРБ JOYET JOYET STREET ADDRESS 5293 OLD ASHWOOD DR STREET ACCRESS 4521 MIDLAND RD. CITY-ST-ZIF SARASOTA FI 34233 CITY-ST-7IP SARASOTA FT. 34231 ☐ Delete TITLE TILE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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 TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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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.

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CIONATURE. DUILIDRE IOVET

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