2001 UNIFORM BUSINESS REPORT (UBR) Apr 03, 2001 8:00 am Secretary of State **DOCUMENT # P97000089923** 1. Entity Name SNAP-TITE, INC. 04-03-2001 90045 025 ***150.00 Mailing Address Principal Place of Business 1101 HOLLAND DRIVE 1101 HOLLAND DRIVE BOCA RATON FL 33487 **BOCA RATON FL 33487** Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number 65-0794860 HLOU'Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KUSNICK, HOWARD A Street Address (P.O. Box Number is Not Acceptable) 8211 W. BROWARD BLVD. #420 FT LAUDERDALE FL 33324 Zip Code City FL 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 12. OFFICERS AND DIRECTORS 11. ☐ Addition CR2E034 (10/00) Change Delete TITLE TITLE NAME CHURCH, PETER NAME STREET ADDRESS STREET ADDRESS 1101 HOLLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33487** ☐ Addition Delete TITLE TITLE NAME CHURCH, CHRISTY NAME STREET ADDRESS STREET ADDRESS 1101 HOLLAND DRIVE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FL 33487 ☐ Addition TITLE Change ☐ Delete TITLE NAME 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE. SIGNATURE AND PROPERTY PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

1/12/0; 561-487-0295