2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P97000103396 May 31, 2000 8:00 am 1. Entity Name PESCATORE SERVICES, INC. Secretary of State 05-31-2000 90050 030 ***150.00 Mailing Address Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent fent for the purpose of changing its registered office or registered agent, 8. The above named entity addmits Signature, typed or printed 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to d 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 12. 11. Delete TITLE NAME NAME PRAKE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ✓ Addition TITLE ☐ Delete NAME N. FEDERAL HWY. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 expowered 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. 13. I hereby certify that the information supplied with indicated on this report or supplemental report. SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # SIGNATURE AND TO