2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 23, 2000 8:00 am Secretary of State DOCUMENT # P97000103521 RUSSO'S FOOD CORPORATION 04-23-2000 90057 012 ***150.00 Mailing Address Principal Place of Business 27230 TORTOISE TRAIL 27230 TORTOISE TRAIL BONITA SPRINGS FL 34135-5880 **BONITA SPRINGS FL 34135** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3482206 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 GARNER, AVA Street Address (P.O. Box Number is Not Acceptable) 27230 TORTOISE TRAIL **BONITA SPRINGS FL 34135** 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change ☐ Delete TITLE KELBLE, RICHARD NAME NAME STREET ADDRESS 1130 BY THE SHORES #5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **HURON OH 44839** Addition Delete Change TITLE KUDICEK, JOHN NAME NAME STREET ADDRESS 4575 MUGGY ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CLINTON ON 43452 Change ☐ Addition Delete TITLE TITLE GARNER, AVA NAME NAME 27230 TORTOISE TR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BONITA SPRINGS FL 34135** Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete 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

I hereby certify that the information supplied with this filling 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 eath; 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 in changed, or on an attachment with an address, with all other like empowered.

Block 11 or Block 12 if