2000 UNIFORM BUSINESS REPORT (UBR) Apr 14, 2000 8:00 am Secretary of State DOCUMENT # **P97000108559** TRIM TIME, INC. 04-14-2000 90116 012 ***150.00 Mailing Address incipal Place of Business --- KINGLET TERR 1280 KINGLET TERR WELLINGTON FL 33414-5046 ____ FL 33414 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 65-0801619 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 KELLER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 1280 KINGLET TERR WELLINGTON FL 33414 City Zip Code 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 of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS CR2E034 (9/99) Change M Addition TITLE ☐ Delete Keller, Nicole S 1280 Kingle+ TERR KELLER, RICHARD A NAME 1280 KINGLET TERR STREET ADDRESS Wellington, FL 33414 CITY-ST-7IP ST-ZIP WELLINGTON FL 33414 ☐ Delete TITLE Change scael Torres NAME 3109 VASSAILO AVE. STREET ADDRESS CAKE WORTH FL ST-ZIP CITY-ST-ZIP

Change ☐ Addition ☐ Delete TITLE Keller, Richard A 1280 Kingle+ Terr Wellington, FL 334 vivouE03 STREET ADDRESS ET ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS ADDOCÇO CITY-ST-ZIP .: - 7!P ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS *DDDEGG CITY-ST-ZIP 210 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-SY-ZIP 710

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 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 tire 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 an an address, with all other like empowered.

ATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date Date Date Date