SIGNATURE:

| 2000 UNIFORM BUSINESS REPORT (UBR) | | | | | | | | | |
|---|---|---|---|--|--|---|-------------------|----------------------------|-----------------------|
| DOCUMENT # P9800000629 1. Entity Name | | | | | | | (FE) | | |
| SELL-BY-U, INC. | | | | | | | | | |
| Principal Plac | | | | 00 FEB - 1 A | H 10: 1 | ำก | | | |
| 1070 E INDIANT STE 410 JUPITER FL 334 | TOWN RD | Mailing Address 1070 E INDIANTOWN RD STE 410 JUPITER FL 33477-5144 | | | SECRE LARY OF STATE TALLAHASSEE, FLORIDA | | | | |
| 11380 . Suite, Apt. | lace of Business Prosperity Farms Rd #, etc. | 3. Mailing Address 11380 Prosperity Farms Rd. Suite, Apt. #, etc. | | | | DO NOT WRITE | IN THIS S | SPACE | |
| 2/3 City & State | | 2-/3 City & State | | | 4 E | | | | pplied For |
| Palm B | Reach Gardens, FL | Palm Beach a | Gardens | PL | 4. [| 65-0804223 | | No | nt Applicable |
| 33416 | Country | 33410 | Country | | | ertificate of Status Desired - | <u> </u> | \$8.75 Add Fee Required | litional d |
| 6. Name and Address of Current Registered Agent Name To V | | | | | | T, Slatt | pistered A | .gent | - |
| SLATTERY, JOHN T 1070 E. INDIANTOWN RD | | | | | ros | x Number is Not Acceptable) | 5 / | Rd | |
| STE 410 JUPITER FL 33477 | | | | ite | <u>ا</u> ع | 2/3 | | | |
| Salm Beach Gardens FL 33410 | | | | | | | | | 10 |
| 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 _ | Signature, typed or printed name of registered agent ar | nd title if applicable. (NOTE: F | hh /, Registered Agent signat | S/C | when rein | tery // | 31/ <i>C</i> | <u>"O</u> | |
| Tax filing requirement and elects to do so. After MAY | | | V!!! FEE IS \$150.00 2000 Fee will be \$550.00 able to Department of Stat | | | Election Campaign Final Trust Fund Contribution. | ncing | | O May Be I to Fees |
| 11. | OFFICERS AND D | | 12. | 1 /// | | DITIONS/CHANGES TO OFFIC | ERS AND | | |
| TITLE NAME | PS SLATTERY, JOHN T | ☐ Delete | TITLE NAME | sla | ++ | rosperity Fai | -ion c i | Ki Change RJ, Swi | □ Addition |
| STREET ADDRESS CITY-ST-ZIP | 1070 E. INDIANTOWN RD., STE 4 JUPITER FL 33477 | 110 | STREET ADDRESS CITY-ST-ZIP | Pal | ms | reach Garde | 451F | - <u>~</u> 33 5 | 110 |
| TITLE NAME | | ☐ Delete | TITLE NAME ; | | | | | ☐ Change | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADDRESS CITY-ST-ZIP | | | | | | |
| TITLE | | ☐ Delete | TITLE | | | | | ☐ Change | <u> </u> |
| NAME STREET ADDRESS | | - | NAME STREET ADDRESS | | +m,t-, | _9000031 -02/09/0 ****158 | 2 86 NN | e83 | -2. 19 |
| CITY-ST-ZIP | | | CITY-ST-ZIP | <u> </u> | | ****158 | .75 | | <u>}. 7</u> S |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | | | ☐ Change | |
| STREET ADDRESS CITY-ST-ZIP | | | STREET ADORESS CITY-ST-ZIP |] | | | | | |
| TITLE | | ☐ Delete | TITLE | | | A, A M | | Change | |
| NAME STREET ADDRESS | | | NAME STREET ADDRESS | | | | | | |
| CITY-ST-ZIP TITLE | <u> </u> | ☐ Delete | CITY-ST-ZIP | - | . _ | | | ☐ Change | |
| NAME | | 2000 | NAME | - | | TS | | | |
| STREET ADDRESS CITY-ST-ZIP | | ~ | STREET ADDRESS CITY-ST-ZIP | } | | 1 9 % | | | |
| indicated of the cor | certify that the information supplied with to on this report or supplemental report is supplemental report is supplemental report is supplemental report in a contact of the receiver or trustee empore or on an attachment with an address, we | true and accurate and that my vered to execute this report as | signature shall h | ave the s | ame le | gal effect as if made under oa | th; that I a | ım an officer . | or director |



Division of Corporations 409 East Gaines Street Tallahassee, FL 32399

RE: Request for certificate of good standing

To whom it may concern:

Please file my 2000 Uniform Business Report and send me a certificate of good standing right away.

Enclosed is a UPS envelope that you may use to return the certificate to me.

Thank you,

John T. Slattery

President