2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 22, 2000 8:00 am Secretary of State DOCUMENT # P98000002028 1. Entity Name SALANDAL, INC. 02-22-2000 90024 037 ***150.00 Principal Place of Business Mailing Address 11775 S.E. LÄUREL LANE 11775 S.E. LAUREL LANE HOBE SOUND FL 33455 HOBE SOUND FL 93940-3529 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For 4. FEI Number 65-0809530 Not Applicable \$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 SUERO, DAVID T 11775 S.E. LAUREL LANE **HOBE SOUND FL 33455** by submits this statement loothe purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNAT d name of registeres agent and title if applicable. TE: Registered Agent signature required when reinstating) This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Finanĉing \$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 X (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DP ☐ Delete TITLE Change . TITLE NAME NAME SUERO, DAVID T STREET ADDRESS STREET ADDRESS 11775 S.E. LAUREL LANE CITY-ST-ZIP CITY-ST-ZIP HOBE_SOUND FL 33455 TIT) E Change ☐ Addition ☐ Delete TITLE NAME NAME SUERO, JOANNA S STREET ADDRESS STREET ADDRESS 11775 S.E. LAUREL LANE CITY-ST-7IP CITY-ST-ZIP HOBE SOUND FL 33455 ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition 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

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.

IATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-7-2000 831.333.123