2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P98000004364** Apr 12, 2000 8:00 am 1. Entity Name Secretary of State SPALMALLI'S, INC. 04-12-2000 90149 024 ***150.00 Principal Place of Business Mailing Address 1010 MAIN ST 1010 MAIN ST DAYTONA BEACH FL 32118-4228 DAYTONA BEACH FL 32118 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3488817 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SWINEHART, PALMA R Street Address (P.O. Box Number is No Acceptable 1651 CARMEN AVENUE HOLLY HILL FL 32117 BEACH みいのり 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) 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 11. 12. **PRESIDENT** ☐ Addition ☐ Delete TITLE TITLE DEAN, SALLY J NAME NAME 13th STREET STREET ADDRESS 1154 640 N NOVA RD STREET ADDRESS CITY-ST-ZIP ORMOND BEACH FL 32174 CITY-ST-ZIP Hour PRESIDENT ☐ Change Addition ☐ Delete TITLE SWINEHART, PALMA R NAME NAME STREET ADDRESS 1010 MAIN ST STRFET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL 32118 PRESIDEN Addition ☐ Change ☐ Delete TITLE JUCE TITLE NAME NAME 1010 MAR s street STREET ADDRESS STREET ADDRESS F1 3248 DAYTONA BEACH CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 13. 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 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.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOF

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