2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 05, 2001 8:00 am Secretary of State DOCUMENT # P98000008226 PRESIDENTIAL BUYS, INC. 03-05-2001 90350 009 ***150.00 Principal Place of Business Mailing Address 1616 NORTH WASHINGTON BLVD. 1616 NORTH WASHINGTON BLVD. SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address P.O. BOX 32167 1110 5.0 SPREY #V Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State JARASOTA 4. FEI Number 65-0895197 FL DARASOTA Not Applicable SARA50TA \$8.75 Additional 5. Certificate of Status Desired -SARASOTA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TWAROWSK ! Twarowska, Gregory 1616 NORTH WASHINGTON BLVD SARASOTA FL 34234 Zp.Cod236 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 FILE NOW!!! FEE IS \$150.00 9. 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, 2001 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 11. 12. DPVP ☐ Change ☐ Addition TITLE ☐ Delete TITLE TWAROWSKA, GREGORY NAME STREET ADDRESS 1616 NORTH WASHINGTON BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34234 Delete Change ☐ Addition TITLE TITLE TWAROWSKA, GREGORY NAME NAME STREET ADDRESS 1616 NORTH WASHINGTON BLVD. STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 an address, with all other like empowered.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR