2001 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P9800009851 CARPENTER SALES & MARKETING, INC. 04-30-2001 90091 026 ***150.00 Principal Place of Business Mailing Address 104 SPANISH MOSS LANE 104 SPANISH MOSS LANE PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 A0059644 2. Principal Place of Business 3. Mailing Address LA STRADA 5116 LA STRADA Suite, Apt. #, etc Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3569732 ELKTON, EUKTON, 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 CARPENTER, ERIC G Street Address (P.O. Box Number is Not Acceptable) 104 SPANISH MOSS LANE PONTE VEDRA BEACH FL 32082 '*→* 033 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) 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. PSTD CR2E034 (10/00) ☐ Change TITLE ☐ Delete TITLE CARPENTER, ERIC G NAME NAME LA STRADA STREET ADDRESS 104 SPANISH MOSS LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PONTE VEDRA BEACH FL 32082 Change Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chacne Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE M Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Delete

4/23/01 904.829.6117

Addition