FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICE

Jan 16, 2002 8:00 am § Secretary of State P98000029484 DOCUMENT # 1. Entity Name 01-16-2002 90007 024 ***150.00 SUPERMIX INDUSTRIES, INC. Principal Place of Business Mailing Address 16881_QLD_U8 41 250 MIRROR LAKE DR-N FT_MYERS FL 39012 SAINT PETERSBURG-EL 33701 950 Due 202 bathe DEN SAINT RE 2. Principal Place of Business 3. Mailing Address SAME. 250 mireor hake orn Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 65-0827704 ExCRB BUS P Not Applicable Country Zip Country \$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 Name PARRISH, JON D Street Address (P.O. Box Number is Not Acceptable) 2171 PINE RIDGE ROAD, STE. D PARRISH & MOORE, P.A. NAPLES FL 34109 City Zin Code 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 and title if applicable (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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. President, CGO **DVPS** CR2E034 (9/01) TITLE ☐ Delete TITLE Change 7 Addition HALLER, ROY NAME 5006G G Chiappo NAMÉ STREET ADDRESS 16601 OLD US 41 STREET ADDRESS 250 - MIRROR LAWE DRIVEN CITY-ST-ZIP FT MYERS FL CITY-ST-ZIP 10 FEE 18- 2008 2037 37 01 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition 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 attachm