2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000045154 Apr 10, 2000 8:00 am Secretary of State 1. Entity Name TAUST USA, INC. 04-10-2000 90037 001 ***158.75 Principal Place of Business Mailing Address 20621 RIVERS FORD 20621 RIVERS FORD ESTERO FL 33928 ESTERO FL 33928-4242 : I BANKARA NG PARKA PANKA BANKA BANKA BANKA BANKA BANKA BANKA RABAN BANKA RABAN RABAN RABAN RABAN RABAN RABAN 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 4. FEI Number APPLIED FOR EIN 65-4903788 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent. 6. Name and Address of Current Registered Agent Name PAULICH, SLACK & WOLFF, P.A. Street Address (P.O. Box Number is Not Acceptable) 801 ANCHOR RODE DRIVE, STE. 203 NAPLES FL 34103 City Zip 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. DATE (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, 2000 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. ☐ Addition ☐ Delete TITLE TITLE TAUCHER, BJORN NAME NAME 20621 RIVERS FORD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ESTERO FL 33928 ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE 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 Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ 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.

SIGNATURE: 1810RW TAUCHER 4/1/00 (94) 948-1362

SIGNATURE AND TYPED OR PRINTED NAMA OF SIGNING OFFICER OR DIRECTOR