2002 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 19, 2002 8:00 am Secretary of State DOCUMENT # P98000052143 1. Entity Name DLC NATIONAL CORP. 02-19-2002 90022 040 ***150.00 Principal Place of Business Mailing Address C/O FEIN & FEIN 1301 W. COPANS RD 99 WOODBURY RD POMPANO BEACH FL 33064 HICKSVILLE NY 11801 2. Principal Place of Business 3. Mailing Address 12 West Chee DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Hicks Ille Applied For City & State 4. FEI Number 65-0846020 Not Applicable Country Zip \$8.75 Additional 5. Certificate of Status Desired 20811 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHUELLER, DIANE Street Address (P.O. Box Number is Not Acceptable) 1301 W. COPANS RD H1-2 POMPANO BEACH FL 33064 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 DATE 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 After May 1, 2002 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition TITLE TITLE ☐ Delete SCHUELLER, DIANE NAME NAME STREET ADDRESS 22 CHESTNUT LA STREET ADDRESS WOODBURY NY 11797 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

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