2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # P9800052794** May 08, 2000 8:00 am 1. Entity Name Team Zebco, Inc. Secretary of State 05-08-2000 90114 019 ***150.00 Mailing Address Principal Place of Business 4901 North Federal Hwy same Suite 440 Fort Lauderdale, FL 33308 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 65-0859645 Not Applicable 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 Michael I. Santucci Michael I. Santucci, P.A. 767 Villa Portofino Circle Street Address (P.O. Box Number is Not Acceptable)
4901 North Federal Hwy Deerfield Beach, FL 33442 Suite 440 City Zip Code Fort Lauderdale 33308 8. The above named entity submits this statement for the purpose of changing its req registered agent, or both, in the State of Florida. Michael I. Santucci, Director Signature, typed or printed name of registered agent and title if applicable ed when reinstating) FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Addition ☐ Change irector TITLE TITLE Michael I. Santucci 767 Villa Portofino Deerfield Beach, FL NAME Circle STREET ADDRESS STREET ADDRESS 33442 CITY-ST-ZIP CITY-ST-ZIP Director Thomas Santucci, ☐ Change ☐ Addition TITLE TITLE NAME NAME 767 Villa Portofino Circle STREET ADDRESS STREET ADDRESS Deerfield Beach, FL 33442 CITY-ST-ZIP CITY-ST-ZIP Director ☐ Change ☐ Addition TITLE C Delete TITLE Daniel A. 767 Villa Santucci NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITI F NAME 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 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 sustee 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 attaching a property of the corporation of the corporation of the receiver or susteen the corporation of the corporation of the receiver or susteen the corporation of the corporation of the corporation of the corporation of the receiver or susteen the corporation of the corporation 492-0071

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