2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P 980000550000 Jun 09, 2000 8:00 am **Secretary of State** Peerless, Inc. 06-09-2000 90035 034 \*\*\*150.00 Mailing Address Principal Place of Business 3504 Harwich Ct UVIVA100 Lake worth, FL 3346 2. Principal Place of Business 3. Mailing Address 35J4 Harwich CT ろちるげ Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State ake worth Not Applicable \$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 ndrea Warren Street Address (P.O. Box Number is Not Acceptable) sad Florwich C 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 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, 2000 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 (66/6)President Andrea Warren ☐ Change ☐ Addition TITI F TITLE ☐ Delete NAME NAME 3524 Harwichet STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition TITLE TITLE NAME NAME 795 LA Paseus Dr STREET ADDRESS STREET ADDRESS Lake worth FL 33463 ATB-2 CITY-ST-ZIP CITY-ST-ZIP SECRETARY OF THECK Sore ☐ Change Addition 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-7IP CITY-ST-ZIP Addition ☐ Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE 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: