FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mar 21, 2003 8:00 am Secretary of State P98000062445 DOCUMENT # 1. Entity Name 03-21-2003 90120 043 ***150.00 C & L WANOUS, INC. Principal Place of Business Mailing Address 2220 BAHIA VISTA STREET 2220 BAHIA VISTA STREET #G-6 #G-6 SARASOTA FL 34239 SARASOTA FL 34239 2. Principal Place of Business 3. Mailing Address WEST RIVE. 20810 Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Sty & State City & State 4. FEi Number Applied For ilverhill 65-0854143 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 WANOUS, CRAIG J Box Number is Not Acceptable 2220 BAHIA VISTA STREET G-6 SARASOTA FL 34239 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. + am familiar with, and accept the obligations of registered agent. SIGNATURE . Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Addition WANOUS, CRAIG J NAME NAME 20810 WEST Blud STREET ADDRESS 2220 BAHIA VISTA STREET G-6 STREET ADDRESS Silverhil AL 36576 CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP TITLE ☐ Delete TITLE **⊘** Change Addition NAME WANOUS, LYNN M NAME 20810 WEST Blue STREET ADDRESS 2220 BAHIA VISTA STREET G-6 STREET ADDRESS Silverhill CITY-ST-ZIP SARASOTA FL 34239 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 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F . Change ☐ Addition

12. Thereby 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

☐ Delete

☐ Change

☐ Addition