2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 04, 2000 8:00 am Secretary of State DOCUMENT # P98000065151 1. Entity Name COUGAR INVESTMENTS, INC. 03-04-2000 90094 011 ***150.00 Principal Place of Business Mailing Address 11503 W. QUEENSWAY DR. 11503 W. QUEENSWAY DR. TEMPLE TERR. FL 33617-2454 TEMPLE TERR. FL 33617 UUU314411 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 59-3524354 Not Applicable Ziρ ,~ Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent 1)AKON $M \cdot$ CELLADO COLLADO, DARON M (P.O. Box Number is Not Acceptable) 11503 W. QUEENSWAY DR. 544 OX-EYE TEMPLE TERR. FL 33617 Zip Code 33543 WESLEY CHAPEL 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 (NOTE: Registered Agent signature required when reinstating) DATE 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 ☐ Defete 7171.5 TITLE CASTELLANO, DINO R NAME NAME STREET ADDRESS 9816 SIR FREDERICK ST. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TAMPA FL 33637 T/V ☐ Addition TD ☐ Delete TITLE M Change TITLE COLLADO, DARON M. COLLADO, DARON M NAME NAME 29544 OX-EYE CT 11503 W. QUEENSWAY DR. STREET ADDRESS STREET ADDRESS WESLEY CHAPEL, FL 33543 CITY-ST-ZIP CITY-ST-ZIP TEMPLE TERR FL 33617 Change ☐ Addition TITLE ☐ Delete GARCIA, BRIAN R. GARCIA, BRIAN R NAME 29749 BIRDS EVE DR. 5128 GAINESVILLE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESLEY CHAPEL, FL 33543 TEMPLE TERR. FL 33617 ☐ Change ☐ Addition Delete TITLE TITLE VILLA, EDGARDO J NAME NAME 6016 LAKETREE LANE APT D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TEMPLE TERR. FL 33617 CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TO ED OR PRINTED VAME OF SIGNING OFFICER OR DIRECTOR

2/28/00 (813)989-3333