2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State DOCUMENT # P98000070145 MIKE & MIKE'S WORLD, INC. 01-25-2000 90012 026 ***150.00 Principal Place of Business Mailing Address 777 E MERRITT ISLAND CAUSEWAY 1071 HERMOSA DRIVE 0 4 4 4 6 **STE 444** ROCKLEDGE Ft 32955-3319 MERRITT ISLAND FL 32952 3. Mailing Address 2. Principal Place of Business Place DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-3531652 DOUTNE Not Applicable Zip \$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 Name DRESSLER, DONNA Street Address (P.O. Box Number is Not Acceptable) 110 DIXIE LANE COCOA BEACH FL 32931 Zip Code City 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** (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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SPD ☐ Addition Delete TITLE Change TITLE GREEN, HENRY M NAME NAME 1071 HERMOSA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **ROCKLEDGE FL 32955** CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete SMITH, MICHAEL A NAME NAME STREET ADDRESS P.O. BOX 372245 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SATELLITE BEACH FL 32937 Addition Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS