## 2000 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # P98000072178 Mar 23, 2000 8:00 am 1. Entity Name Secretary of State FIRST TRY, INC. 03-23-2000 90028 020 \*\*\*150.00 Principal Place of Business Mailing Address 1900 RINGLING BLVD. P.O. BOX 1238 SARASOTA FL 34230-1238 SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0873543 Not Applicable Zip Country Zip Country \$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 Name DUMBAUGH, JOHN D ESQ Street Address (P.O. Box Number is Not Acceptable) 1900 RINGLING BLVD. SARASOTA FL 34236 Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 12. 11. - -☐ Change Addition ☐ Delete TITLE TITLE RAMECKE-ALT, PETRA NAME WEISSENSEESTR 36 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HAMBURG, GERMANY 22149 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete TITLE GREUNKE, AMMEGRET NAME NAME ZYLBERBERGESTZ 8 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HAMBURG, GERMANY 22457 Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete 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.

GNATURE: HOLD OF PRINTED HAVE OF SIGNING OFFICE OR PRESENTED

03/08/00 9

941 7123249

Daytime Phone #