2900 UNIFORM BUSINESS REPORT (UBR) FILED Jan 12, 2000 8:00 am DOCUMENT # P98000090235 **Secretary of State** 1. Entity Name J. EDWARD MEYER INTERNATIONAL, INC. 01-12-2000 90008 008 ***150.00 Mailing Address Principal Place of Business 100 OLD BARN TRAIL 100 OLD BARN TRAIL ORMOND BCH FL 32174-8272 ORMOND BCH FL 32174 3. Mailing Address 2. Principal Place of Business 100 Old Barn Trail 100 Old Barn Trail DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For Ormond Beach, Florida City & State 4. FEI Number **ARRKIED**KRORX Ormond Beach, Florida Not Applicable 59-3557596 Country Country \$8.75 Additional 5. Certificate of Status Desired 32174 321.74 Volusia Fee Required Volusia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 Fiorida SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS 12. 11. PD TITI E ☐ Change ☐ Addition ☐ Delete TITLE J. EDWARD MEYER МАМЕ 100 OLD BARN TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORMOND BCH FL 32174 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE President NAME NAME J.-Edward-Meyer STREET ADDRESS STREET ADDRESS 100 Old Barn Trail CITY-ST-ZIP CITY-ST-ZIP Ormond Beach, FL 32174 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS Higher is and here CITY-ST-ZIP CITY-ST-ZIP 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. 904/677-8642 Joseph

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN OFFICER OR DIRECTO

Daytime Phone #