2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P98000091955 May 16, 2000 8:00 am **Secretary of State** D & S MARKETING CORPORATION 05-16-2000 90062 014 ***158.75 Mailing Address Principal Place of Business 8410 SHADY GLEN DR 8410 SHADY GLEN DR ORLANDO FL 32819-4179 ORLANDO FL 32819-4179 rincipal Place of Business Sand Lake Rd DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2133375 Not Applicable \$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 KWAS, MARK 1964 DOWNS COURT LAKE MARK FL 32746 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 (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 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE TITLE CARDOSO, ANTONIO J NAME NAME 8410 SHADY GLEN DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-7IP ORLANDO FL 32819-4179 Change ☐ Addition TITLE TITLE . Delete SANTOS, DAISY NAME NAME STREET ADDRESS STREET ADDRESS 8410 SHADY GLEN DR CITY-ST-ZIP ORLANDO FL 32819-4179 ^ ___ 'Addition SEC ------Delete TITLE SANTOS, DAISY NAME NAME STREET ADDRESS 8410 SHADY GLEN DR STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32819-4179 CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE o Antonio J CARDOSE, ANTONIO NAME NAME STREET ADDRESS 8410 SHADY GLEN DR STREET ADDRESS ORLANDO FL 32819-4179 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete ardoso Antonio J 410 Shady Glen Dr. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE NAME NAME 10 Shoddy alen Dr. STREET ADDRESS STREET ADDRESS 32819-417 CITY-ST-ZIP CITY-ST-7IP 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 a proposed in the proposed of the corporation of the corporation of the receiver of trustee empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR