2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P98000094382 Jul 19, 2000 8:00 am Secretary of State 1. Entity Name SHUTTER GUYS, INC. 07-19-2000 90022 048 ***558.75 Principal Place of Business Mailing Address 7387 NW 76TH ST 7387 NW 76TH ST TAMARAC FL 33321 TAMARAC FL 33321 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0877494 Not Applicable Country Zip Country \$8.75 Additional Ζip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **ECKHARDT, ARNOLD** 7429 NW 76TH CT TAMARAC FL 33321 nt, or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or Signature, typed or printed FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10, Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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. ■ Addition ☐ Change TITLE D ☐ Delete TITLE NAME NAME PETTUS, GARY STREET ADDRESS STREET ADDRESS 7387 NW 76TH ST CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME **ECKHARDT, ARNOLD** STREET ADDRESS STREET ADDRESS 7429 NW 76TH CT CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33321 ☐ Change Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE 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.

SIGNATURE:

SIGNAND PREDITION OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-6-00 954724800