2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED WARE OF SIGNING OFFICER OR DIRECTOR

Mar 16, 2001 8:00 am Secretary of State DOCUMENT # P9900000438 SANDRA INVESTMENTS, INC. 03-16-2001 90068 029 ***150.00 Principal Place of Business Mailing Address 2198 MAIN SPREET 8198 MAIN_STREET SARASOTA FL 34237 **UUUZGUZI** 2. Principal Place of Business 3. Mailing Address 3RD AVE W 1001 P.O. BOX 1251 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 54176 700 City & State Applied For 4. FEI Number 65-0889267 BRADENTON BRADENTON Not Applicable Country Mary MS4 \$8.75 Additional 5. Certificate of Status Desired Fee Required 342*DS* 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JAENSCH, P. CHRISTOPHER Street Address (P.O. Box Number is Not Acceptable 2198 MAIN STREET SARASOTA FL 34237 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 Tax filing requirement and elects to do so. After MAY 1, 2001 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 ☐ Addition ☐ Delete TITLE Change TITI F MEYER-WOELDEN, ANTONELLA NAME NAME STREET ADDRESS STREET ADDRESS 45 L'AMBIANCE DR. CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 DIRECTOR ☐ Change ☐ Delete TITLE TITLE ROBERT CHRIST OPHER NAME NAME 3R AVEW STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE 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 ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

FILED