FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 04, 2000 8:00 an DOCUMENT # P99000007937 Secretary of State 1. Entity Name STRL CORP. 02-04-2000 90044 047 ***150.00 Principal Place of Business Mailing Address 401 E. OSCEOLA ST. STE. 102 401 E. OSCEOLA ST. STE. 102 D0014854 STUART FL 34994-2503 STUART FL 3. Mailing Address 2. Principal Place of Business I INDIANA AND INCHES PARTY AND AND AND AND COMMENTS OF THE PARTY AND AND COMMENTS OF THE PARTY O SIDONIA ST. 222/ Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number LUCIE Country Country \$8.75 *i*.. 5. Certificate of Status Desired Z/SA US A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WACKEEN, W T Street Address (P.O. Box Number is Not Acceptable) 401 E. OSCEOLA ST. STE. 102 STUART FL City Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS Change TITLE ☐ Delete TITLE GIERSDORF, RODNEY L NAME 2221 S.E. SIDONIA ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE PORT ST. LUCIE FL 34952 ☐ Change ☐ Delete TITLE TITLE GIERSDORF, SHARON T NAME NAME 2221 S.E. SIDONIA ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT ST. LUCIE FL 34952 ☐ Change ☐ Delete TITLE TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE NAME 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)(1), Florida Statutes. I further certify that 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 on office 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TOPED OR PRINTED NAME OF SIGNING OFFICER/OR DIRECTOR

1-27-2000

(561) 33