## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 24, 2000 8:00 am Secretary of State DOCUMENT # P99000012565 05-24-2000 90156 019 \*\*\*150.00 THE D N A GROUP, INC. Principal Place of Business Mailing Address · · · STATE ROAD 580. STE. 8 3135 STATE ROAD 580. STE. 8 SAFETY HARBOR FL 34695-4917 -=: ETY HARBOR FL 34695 2. Principal Place of Business 3. Mailing Address 12 Ridgemoor 0181 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 134 Applied For City & State City & State Harbor Not Applicable Country Country \$8.75 Additional Zip 5. Certificate of Status Desired 4685 Fee Required 346 85 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNSELL. DEBBIE 215 WOODLAND CT. SAFETY HARBOR FL 34695 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 registere (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 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete TITLE Debbie Unsell. Debbie NAME circle Ridge moor STREET ADDRESS 215 WOODLAND CT. STREET ADDRESS 4772 CITY-ST-ZIP CITY-ST-ZIP SAFETY HARBOR FL 34695 ☐ Addition TITLE ☐ Delete buscema, ailisyo BUSCEMA, ALLISYN NAME NAME Ridgemoor circle STREET ADDRESS 215 WOODLAND CT. STREET ADDRESS CITY-ST-ZIP SAFETY HARBOR FL 34695 CITY-ST-ZIP Harbor, FL. 34685 Addition ☐ Delete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME 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 Addition ☐ Delete TITLE ☐ Change TIT) F NAME NAME STREET ADDRESS STREET ADDRESS

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date | Date | Date | Daylime Priorie #

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

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