2000 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2000 8:00 am Secretary of State DOCUMENT # **P99000016790** 1. Entity Name NAUGATUCK INVESTMENTS, INC. 04-19-2000 90037 045 ***150.00 Mailing Address Principal Place of Business 501 E. KENNEDY BLVD. STE. 1207 501 E. KENNEDY BLVD. STE. 1207 TAMPA FL 33602-5200 TAMPA FL 33602 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. ¹Applied For 4. FEI Number City & State City & State ✓ Not Applicable \$8.75 Additional Country Zip Country Zip \Box 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Mierzwinski MIERZQINSKI, GREGORY E Street Address (P.O. Box Number is Not Acceptable) 501 E. KENNEDY BLVD. STE. 1207 Kennedy Blud. Ste 1207 TAMPA FL 33602 501 E . Zip Code 33602 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition Change ☐ Delete TITLE TITLE NAME MIERZWINSKI, GREGORY E NAME STREET ADDRESS 501 E. KENNEDY BLVD. STE. 1207 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 Change ☐ Addition TITLE D۷ ☐ Delete NAME PADGETT, STANLEY T NAME STREET ADDRESS STREET ADDRESS 501 E. KENNEDY BLVD. STE. 1207 CITY-ST-ZIP CITY-ST-ZIP TAMPA FL 33602 __ Change Addition DST_ ☐ Delete TITLE TITLE MORGAN, MARK G NAME NAME 501 E. KENNEDY BLVD. STE. 1207 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **TAMPA FL 33602** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-718 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE:

SIGNATURE:

Date

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