2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000024531 Apr 17, 2000 8:00 am Secretary of State TRUE BLUE, INC. 04-17-2000 90092 026 ***150.00 Principal Place of Business Mailing Address 2004 DARTMOUTH DRIVE 2004 DARTMOUTH DRIVE HOLIDAY FL 34691-4617 HOLIDAY FL 34691 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number V 59-3570643 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BRADSTOCK, WILLIAM E Street Address (P.O. Box Number is Not Acceptable) 2004 DARTMOUTH DRIVE HOLIDAY FL 34691 Zip Code FL 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. DATE (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 filling 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. Addition ☐ Delete TITLE TITLE BRADSTOCK, WILLIAM E NAME NAME STREET ADDRESS STREET ADDRESS 2004 DARTMOUTH DRIVE CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34691 Change Addition TITLE TITLE NAME MANGANARO, FRANK P NAME STREET ADDRESS STREET ADDRESS 3022 BROMPTON DRIVE CITY-ST-ZIP CITY-ST-ZIP HOLIDAY FL 34690 Delete TITLE Change ☐ Addition TITLE NAME GILBERT, RICHARD D NAME STREET ADDRESS 3541 MORLEY DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW PORT RICHEY FL 34652** ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE 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 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. PresideNT

WILLIAM E BRADSTOCK