2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2000 8:00 am Secretary of State DOCUMENT # P99000033826 MISTER MOPED INTERNATIONAL, INC. 01-29-2000 90005 015 ***150.00 Principal Place of Business Mailing Address 2014 17TH STREET 2014 17TH STREET SARASOTA FL 34234 SARASOTA FL 34234-7652 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number City & State City & State Applied For Not A: __Country ____ Country \$8.75 Additional 5. Certificate of Status Desired . Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FUSCO, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 2014 17TH STREET SARASOTA FL 34234 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. 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 Atter MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Additior TITLE ☐ Delete FUSCO, ROBERT J NAME **2014 17TH STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34234 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE FUSCO, CAROLINE E. 4801 OSPREY DR.S. #608 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG, FL. 33111 CITY-ST-ZIP ☐ Delete TITLE TITLE MASSENGALE, ERNEST NAME NAME 1841 SANFORD CINCLE SARASOTA, FL. 54834 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Delete ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P Change ■ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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)(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:

1-25-00