2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # P99000034040 REGOOD + PYLE INC. 05-08-2000 90121 039 ***150.00 Principal Place of Business Mailing Address 999A SHENANDOAH SHORES ROAD 999 A SHUWAN DOAH SHORES ROAD FRONT ROYAL FRONT ROYAL C0084212 VA 22630-9546 VA 22630-954 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-1947744 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 COLPORATION SETULCES COMPANY -1201-HAYS-STREET -Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEZ FL 32301 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 GEOFFREY NATHAN TITLE Change Addition TITLE Delete NAME 364 LINHEPE STREET NAME STREET ADDRESS LONDON, NWI BHX STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ENGLAND Delete TITLE ☐ Change ■ Addition TITLE MORRIS WLETNER 364 LINHUPE STRUT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONDON NWI 6HY CITY-ST-ZIP ENGLAND ☐ Delete Change ☐ Addition TITLE TITLE TOHN REEDEN NAME* ~ 36A UNHOPE STREET STREET ADDRESS STREET ADDRESS CONDON NWI BHX CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GRAHAM PYLG NAME NAME 364 CINHOIT STREET STREET ADDRESS STREET ADDRESS CONDON NOW 6HX ENGLAND CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Addition TITLE TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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.

CITY-ST-ZIP

STREET ADDRESS

NAME

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYAED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO