2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000034952 .1. Entity Name FILED SEW EASY, INC. JUL 24 AM 7: 46 Principal Place of Business Mailing Address SECRETARY OF-STATE TALLAHASSEE FLORIDA 27001 U.S. 19N 27001 U.S. 19N **UNIT 1033B** UNIT 1033B CLEARWATER FL CLEARWATER FL 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Not Applicable Zip Country Zip 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 Sonen SHEA, J. MICHAEL ESQUIRE 419 WEST PLATT STREET TAMPA FL 33606 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 DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. PD TITLE ☐ Delete TITLE Change ☐ Addition SORIANO, JORGE NAME NAME STREET ADDRESS 27001 U.S. 19N STREET ADDRESS CITY-ST-ZIP **CLEARWATER FL** CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITI F Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

A CUTCOLON A SIGNATURE NAME OF SIGNING OFFICEN OF DIRECTOR

A Sorjaino

24-10

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CR2E034 (5/00)

Dayline Phone 5 0 5 2

TAMPA, FLORIDA 33604

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Downthe C.P.A for the above-referred corporation. The Second notice of the work company Business Kepit has been received. These he advised that this for was sent in error as the first mitice was sent back to your trinely and was paid timely. Enclosed to a copy of the Cancelled cheek, time & back, toyecher with whise from properly signed. This is in case you look the and one In any case, since the \$15000 win paid timely, no odditional fees are due, for ane regrees sed to irrect your records, and insk hute the recessary reforms to your supstems so that the dres not recent. Sinceres, Wilal Stilium