2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P99000037821 May 15, 2000 8:00 am Secretary of State 1. Entity Name SUMMER DREAMS, INC. 05-15-2000 90297 038 ***150.00 Mailing Address Principal Place of Business 1105 CAPE CORAL PKWY EAST.STE.C 1105 CAPE CORAL PKWY EAST.STE.C CAPE CORAL FL 33904-9175 CAPE CORAL FL 33904 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. 4, FEI Number Applied For City & State City & State Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Bergmann Michaela Street Address (PD. Box Number is Not Acceptable) WRIGHT, CHRISTINE F 1105 CAPE CORAL PKWY EAST, STE.C CAPE CORAL FL 33904 8. The above named entity submits this statement for the corpose of changing its registered office or registered agent, or both, in the State of Florida M. <u>Beramann</u> Signature, typed or print FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition ☐ Delete TITLE Change TITLE GORBATSCHEW, WILLI SALOMON-PETRI-RING, WILLI G NAME NAME SALOTION - PETRI - RING ZOA STREET ADDRESS STREET ADDRESS 20A D-22117 CITY-ST-ZIP <u> 22117 HAMBURG, GERMANY</u> CITY-ST-7IP HAMBURG/GERMANY ☐ Addition ☐ Delete TITLE TITLE GORBATSCHLW BRITTA SALOMON-PETRI-RING, BRITTA G NAME NAME SALONON - PETRI - RING 20A STREET ADDRESS 20A D-22117 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP HAMBURG/GERMANY 22117 HAMBURG-GIRMANY ☐ Change ☐ Addition ☐ Delete 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 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME 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 CITY-ST-ZIP 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.

B. Gorbatschew 01. 25.2000

Daytime Phone #