2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000050318 Jan 20, 2000 8:00 am Secretary of State 1. Entity Name LUJOY, INC. 01-20-2000 90123 008 ***150.00 Principal Place of Business Mailing Address 4134 GULF OF MEXICO DRIVE, SUITE 302 4134 GULF OF MEXICO DRIVE, SUITE 302 LONGBOAT KEY FL 34228-2614 LONGBOAT KEY FL 34228 2. Principal Place of Business 30341 3. Mailing Address 30341 FAIRWAY DRIVE FAIRWAY DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 59 - 358 (247 Applied For City & State City & State WESLEY WESLEY CHAPEL CHAPEL Not Applicable Country Zin \$8.75 Additional 5. Certificate of Status Desired 33543 USA 33543 u sa Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name TEIKEIRA MICHAEL TEIXEIRA, MICHAEL J Street Address (P.O. Box Number is Not Acceptable) 4134 GULF OF MEXICO DRIVE, SUITE 302 FAIRWAY LONGBOAT KEY FL 34228 WESLEY CHAPEL 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 J. TEIKEILA Signature, typed or printed name of registered agent and title if applicable. (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 filing 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 TEIXEIRA, MICHAEL J NAME 4134 GULF OF MEXICO DRIVE, SUITE 302 STREET ADDRESS STREET ADDRESS LONGBOAT KEY FL 34228 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Defete MICHAEL J NAME TEIKEIRA NAME STREET ADDRESS STREET ADDRESS 36341 FAIR WAY DRIVE 33543 CITY-ST-ZIP CITY-ST-ZIP WESLLY CHAPEL TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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-7IP

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE NAME STREET ADDRESS



☐ Delete

MICHAEL J. TEIXEIRA

☐ Addition

☐ Change

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR