2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000052399 May 19, 2000 8:00 am Secretary of State PAMPERED MOVES INC. 04-29-2000 90005 016 ***150.00 Principal Place of Business Mailing Address 7223 MAUNA LOA BLVD. 7223 MAUNA LOA BLVD. SARASOTA FL 34241 SARASOTA FL 34241-5924 3. Mailing Address 2. Principal Place of Business 1223 *1aa3* MALLNA MAUNA LOA Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State SARASOTA Not Applicable SARASOT Country // \$8.75 Additional Certificate of Status Desired DARASOTA Fee Regulred 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTI 06ER MARTIN, PATRIÇIA Street Address (P.O. Box Number is Not Acceptable) 7223 MAUNA LOA BLVD. MAUNA SARASOTA FL 34241 City SARASOTA 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. PATRICIA MARTINE PRESIDENT PRESIDENT PRESIDENT PRESIDENT PRESIDENT ROLER MARTIN VICE PRESIDENA Patricia Martin 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. \Box 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 12. PRESIDENI Delete TITLE ☐ Change C K LIMB VICE PRESIDENT TITLE ROSER MARTIN LOA BLUD ROBER MARTIN 7223 MAUNA COA BLUD NAME NAME 7223 STREET ADDRESS STREET ADDRESS SARASOTA, FL 3424 SARASOTA, FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DILE RES1AEN7 ☐ Delete TITLE PATRICIA MARTIN 1223 MAUNA LOA BLUD NAME NAME STREET ADDRESS STREET ADDRESS SARASOTA FL CITY-ST-712 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Dalete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby 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.

RICIA MARTIN SIGNATURE:

4-16-00