2000 UNIFORM BUSINESS REPORT (UBR)

May 23, 2000 8:00 am DOCUMENT # P9900063060 Secretary of State 1. Entity Name LOTUS LIMITED, INC. 04-27-2000 90066 018 ***150.00 Principal Place of Business Mailing Address 4800 WATERFORD CT. N.E. 1922 WATERFORD CT. N.E. ST. PETERSBURG FL 33703 ST. PETERSBURG FL 33703-4948 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 59-3589220 Not Applicable 2ip \$8.75 Additional Country Žip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RUSSO, FRANK Street Address (P.O. Box Number is Not Acceptable) 4600 WATERFORD CT. N.E. ST. PETERSBURG FL 33703 Zip Code City FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) 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. Trust Fund Contribution. Added to Fees \Box (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (9/99 TITLE ☐ Change TITLE President Defete NAME NAME Frank K. Russo STREET ADDRESS STREET ADDRESS 4600 Waterford Ct. N.E. CHTY-ST-ZIP CITY-ST-ZIF St. Petersburg, FL 33703 ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-\$1-ZIP ☐ Change ☐ Addition Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-\$T-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ACORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 it changed, or on an attachment with an address, with a other like impowered.

FRANK K. RUSSO, President

المتمالات

SIGNATURE: .