FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 15, 2001 8:00 am § Secretary of State DOCUMENT # P99000064072 05-15-2001 90130 044 ***150.00 FOOD SAFETY ASSOCIATES INTERNATIONAL, INC. Principal Place of Business Mailing Address 601166157 59735 BLUE ISLE BLVD 59735 BLUE ISLE BLVD GRASS KEY FL 33050 GRASS KEY FL 33050 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0942681 Not Applicable Zip Country 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 ZIEGLER, S H Street Address (P.O. Box Number is Not Acceptable) 359 S COCONUT PALM BLVD TAVERNIER FL 33070 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change ☐ Addition TITLE TITLE ☐ Delete EHRLICH, DAVID NAME STREET ADDRESS 59735 BLUE ISLE BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Grassy Key FL 33050-6034 GRASS KEY FL 33050 ☐ Delete ☐ Change ☐ Addition TITLE 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-7IP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Shapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

David Ehrlich DVM SIGNATURE AND TYPED OR PRINTED NAME OF SCHULG OFFICE OR DIRECTOR

changed, or on an attachment with an address, with all other

SIGNATURE: _