2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT #P9900066337 May 23, 2000 8:00 am Secretary of State JADE OCEAN TO OCEAN SERVICE, INC. 05-23-2000 90274 002 ***150.00 Principal Place of Business Mailing Address 3596 BEACH DRIVE S.E. 3596 BEACH DRIVE S.E. ST. PETERSBURG, FL 33705 ST. PETERSBURG, FL 33705 655981 2. Principal Place of Business 8340 CHASCO WOODS BLVD 8340 CHASCO WOODS BLVD Suite, Apt. #, etc. APT • L DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State PÓRT RICHEY, FLORIDA PORT RICHEY, FLORIDA 59-3591823 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 34668 US 34668 US 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MS. EWA RADWANSKI Waclaw Wieckowski Street Address (P.O. Box Number is Not Acceptable) 8340 CHASCO WOODS BLVD, 353 Shore Drive East 34677 Oldsmar, FL City PORT RICHEY Zip Code 34668 8. The above named entity statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Ewa Radwanski April SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOWIII-FEE IS \$150:00 9. Inis 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PRESIDENT ___ TITLE Delete NAME MS. EWA RADWANSKI STREET ADDRESS STREET ADDRESS 8340 CHASCO WOODS BLVD, APT I CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY, FL 34668 ☐ Change Addition VICE PRESIDENT TITLE TITLE MR. JANUSZ RADWANSKI NAME NAME 8340 CHASCO WOODS BLVD, APT L STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT RICHEY, FL 34668 ☐ Addition-TITLE Change Ch ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE 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 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. (727)560-3320 April 24, 2000 Ewa Radwanski

Date

SNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR