CR2E034 (9/99)

Daytime Phone #

2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

FILED DOCUMENT # P99000072796 May 22, 2000 8:00 am WINDOWS TO THE SOUL, INC. Secretary of State 05-22-2000 90004 004 ***158.75 Mailing Address Principal Place of Business 953 UNIVERSITY DRIVE 953 UNIVERSITY DRIVE CORAL SPRINGS FL 33071-7030 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address 11330 Wiles Road 11330 Wiles DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State LORAL SPYINGS Not Applicable Country \$8.75 Additional ^{Zip}3076 5. Certificate of Status Desired 3307G Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ACQUAVELLA, CYNTHIA KAREN Street Address (P.O. Box Number is Not Acceptable) 7624 PARKVIEW WAY **CORAL SPRINGS FL 33065** City Zip Code FI 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 (NOTE: Registered Agent signature required when reinstating) DATE 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. 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 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Defete President TITLE Oxesident Cynthia K. ACQUAUCILA Cynthia K ACQUAVEILA NAME 7624 Parkview way STREET ADDRESS STREET ADDRESS coral springs Fl. 33068 CITY-ST-ZIP CITY-ST-ZIP CORAL Springs, Pl. 33065 cunthia G whittle Change Addition Cunthin G. Whittle TITI F ☐ Delete TITLE TREASUR NAME NAME 809 Lancewood Drive 3809 Lance wood DR. STREET ADDRESS STREET ADDRESS CORAL Springs Fl. 33065 CITY-ST-ZIP CITY-ST-ZIP mal Springs ☐ Change Addition ☐ Delete TITLE TITLE 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-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.