2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P99000074486 May 15, 2000 8:00 am 1. Entity Name D & L INVESTMENT GROUP, INC. Secretary of State 05-15-2000 90150 019 ***150.00 Mailing Address Principal Place of Business 4213 LONG KEY LANE, NO. 1623 4213 LONG KEY LANE, NO. 1623 WINTER PARK FL 32792-6989 WINTER PARK FL 32792 3. Mailing Address 2. Principal Place of Business 943 Moonlyster Drive 943 Moonluster Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number 59 - 3513959 City & State Applied For City & State Casselberr Not Applicable 32707 Country Country \$8.75 Additional 5. Certificate of Status Desired U.S. Fee Required US. 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Brian Leeber LEEBER. BRIAN Street Address (P.O. Box Number is Not Acceptable) 4213 LONG KEY LANE, NO. 1623 WINTER PARK FL 32792 943 Moonluster Drive 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, typed or printed name of registered agent and title if applicable. (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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE TITLE Brian Leeber LEEBER, BRIAN NAME NAME 943 Moonluster Drive STREET ADDRESS 4213 LONG KEY LANE, NO. 1623 STREET ADDRESS Casselberry, FL 32707 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Change ☐ Addition ☐ Delete TITLE TITLE Mitchel Downey 943 Moonluster Drive DOWNEY, MITCHEL NAME STREET ADDRESS STREET ADDRESS 4213 LONG KEY LANE, NO. 1623 Casselberry, FL 32707 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 Change ☐ Addition ☐ Delete TITLE TITLE Robert Leeber LEEBER, ROBERT NAME NAME 943 Moonlysto-Drive STREET ADDRESS STREET ADDRESS 4213 LONG KEY LANE, NO. 1623 Casselberry FL 32707 CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32792 ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS

13. I hereby 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND THEED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brian Leeber

4/24/00

407-331-3868

Daytime Phone #

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