2001 UNIFORM BUSINESS REPORT (UBR) **FILED** May 12, 2001 8:00 am Secretary of State DOCUMENT # P99000074594 1. Entity Name MARY SUE TERI, INC. 05-12-2001 90011 017 ***150.00 Principal Place of Business Mailing Address 605 E. DANIA BEACH BLVD. 605 E. DANIA BEACH BLVD. DANIA FL 33004 DANIA FL-33004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0956895 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PYLE, VINCENT Street Address (P.O. Box Number is Not Acceptable) 605 E DANIA BEACH BLVD DANIA FL 33004 Zip Code 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 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME PYLE, VINCE STREET ADDRESS 605 E. DANIA BEACH BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 TITLE ☐ Delete ☐ Change ☐ Addition NAME HELSING, GREG NAME STREET ADDRESS 605 E. DANIA BEACH BLVD. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP DANIA FL 33004 TITLE ☐ Delete TITLE ☐ Change - Addition NAME BEIDEMAN, NELSON NAME STREET ADDRESS 605 E. DANIA BEACH BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DANIA FL 33004 TITLE ☐ Delete DITE ☐ 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 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 oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this 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, will all other the proposers.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date