2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Aug 21, 2000 8:00 am Secretary of State DOCUMENT # P99000078829 1. Entity Name: PHOTOS AND ART BY MARIA L. DRUMM, INC. THE WAS TRUE TO SEE 08-21-2000 90206 007 ***150.00 Principal Place of Business Mailing Address 7711 EAGLE FLIGHT LANE 7711 EAGLE FLIGHT LANE FORT MYERS FL 33912-6868 FORT MYERS FL 33912 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DRUMM, MARIA L Street Address (P.O. Box Number is Not Acceptable) 7711 EAGLE FLIGHT LANE FORT MYERS FL 33912 Zip Code 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) 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 OFFICERS AND DIRECTORS 11 ☐ Addition **PVST** TITLE ☐ Defete DRUMM, MARIA L NAME NAME STREET ADDRESS STREET ADDRESS 7711 EAGLE FLIGHT LANE 1. 许克拉。 CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 ☐ Addition Change TITLE ☐ Delete DRUMM, MARIA L 🗀 NAME NAME 7711 EAGLE FLIGHT LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT MYERS FL 33912 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ---Change `~ ☐ 'Addition' ☐ Delete TITLE. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete 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 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 tike empowered.

8/16/00 Photost art by han 711 Epyle's Slight X my 5133912 Dear Ser an madame -Iam sendy in my Coparate registral-This is my first time on home been an extended trip + and past how gring over my business staff. I have vally done no business get If you could wave the penalties I would like to slay incorporated or net Othervise it seems cheapen to get dissolved. get disaland & Hen get a new Cay I phone this works + I will be in good stands -That you man The