2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # P99000083239 Apr 04, 2000 8:00 am Secretary of State 2 SHARE GROUP, INC. 04-04-2000 90064 001 ***600.00 Principal Place of Business Mailing Address 3715 KINGSTON BOULEVARD 3715 KINGSTON BOULEVARD SARASOTA FL 34238-2623 SARASOTA FL 34238 2. Principal Place of Business 1800 Second 5+. 1800 Second St. Suite, Apt. #, etc. Suite 780 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0953273 Applied For Not Applicable 3423 L \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Scott fulton J. SCOTT FULTON Street Address (P.O. Box Number is Not Acceptable) - 3715 KINGSTON BOULEVARD SARASOTA-FL 34238-Sarasota 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, oppoth, in the State of Florida FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 Chairman/CEO, Secretarilin/CFO Change Ad OFFICERS AND DIRECTORS 11. 12. TITLE TITLE ☐ Delete J. Scott Fulton J. SCOTT FULTON NAME NAME 1800 second st., Jule 780 STREET ADDRESS 3715 KINGSTON BOULEVARD STREET ADDRESS Jarasite, Pt 34236 CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 President, Director Joseph M. Greenfield TITLE ☐ Delete NAME 1800 second st., suite 780 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 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ 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 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.

Charma/cev 2/25/00