2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000085911 Apr 27, 2000 8:00 am Secretary of State 1. Entity Name EVELYN K. WIESMAN, INC. 04-27-2000 90082 009 ***158.75 Principal Place of Business Mailing Address 126 DIRKSEN DRIVE 126 DIRKSEN DRIVE DEBARY FL 32713 DEBARY FL 32713-3837 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 59-3611635 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WIESMAN, EVELYN K Street Address (P.O. Box Number is Not Acceptable) 126 DIRKSEN DRIVE DEBARY FL 32713 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 DATE 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS 12. 11. PVST Change PVST ☐ Addition wrone Delete TITLE WIESMAN, EVELYN K. WEIESMAN, EVELYN K NAME Spellins 126 DIRKSEN DRIVE STREET ADDRESS 126 DIRKSEN DRIVE STREET ADDRES DOBARY FL 32713 CITY-ST-ZIP DEBARY FL 32713 CITY-ST-ZIP Addition Delete Change Change TITLE TITLE wrong WEIESMAN, EVELYN K WIESMAN, EVELYN K. NAME NAME spelling 126 DIRICSEN DRIVE 126 DIRKSEN DRIVE STREET ADDRESS CITY-ST-ZIP DEBARY FL 32713 OF NAME CITY-ST-ZIP DEBARY FL 32713 TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition ☐ Delete 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-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (403) 668-273