2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000100141 Jul 17, 2000 8:00 am Secretary of State 1. Entity Name RANA'S TOUCH, INC. 07-17-2000 90074 047 \*\*\*550.00 Mailing Address Principal Place of Business 4483 LIMPKIN LANE 4483 LIMPKIN LANE FERNANDINA BEACH FL 32034 FERNANDINA BEACH FL 32034 750 1000 A 2. Principal Place of Business 3. Mailing Address 4856 First Coast t 4856 First Coast the DO NOT WRITE IN THIS SPACE Applied For FEI Number City & State Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HILL, RANA D Box Number is Not Acceptable) 4483 LIMPKIN LANE FERNANDINA BEACH FL 32034 or both, in the State of Florida. 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, ed name of registered agent and title if applicable FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 OFFICERS AND DIRECTORS 12. secretary ☐ Addition ☐ Delete TITLE Change President TITI F NAME 4483 Limpkin Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Fernandina Bch, FI 32034 vice Resident/Treasurer Martin Danavier ☐ Addition Change TITLE TITLE NAME NAME STREET ADDRESS 4483 Limpkin Lane STREET ADDRESS Fernandina Bch, Fl 32034 CITY-ST-ZIP CITY-ST-ZIP Change Addition Vice President Deleté TITI E TITLE Mahlon A. Hill NAME STREET ADDRESS 2051 Village Lane STREET ADDRESS CITY-ST-7IP ternandina Beach Itl 32034 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIF ☐ Delete Change Change Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IE ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P 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 add

(2/00)