2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000103849 May 09, 2000 8:00 am Secretary of State PAISLEY PARK, INC. 05-09-2000 90040 039 ***150.00 Mailing Address Principal Place of Business 1224 CANDLELIGHT BOULEVARD 1224 CANDLELIGHT BOULEVARD BROOKSVILLE FL 34601 914111 FL 34601 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, ello Applied For 4. FEI Number City & State City & State Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 1vor SPIEGEL & UTRERA, P.A. Acceptable) Street Addre 343 ALMERIA AVENUE **CORAL GABLES FL 33134** 8. The above named entity submits this statement for the purpose of changing its registered office or registered fgent, or both, in the State of Florida. _ _ FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. Change ☐ Addition PD ☐ Delete TITLE TITLE PAIS, IVOR E NAME NAME STREET ADDRESS 1224 CANDLELIGHT BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** ☐ Addition ☐ Change ☐ Delete TITLE TITLE PAIS, ROY B NAME NAME STREET ADDRESS 1224 CANDLELIGHT BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP BROOKSVILLE FL 34601 ☐ Change ☐ Addition TITLE TITLE ☐ Delete PAES, RUSSELL E NAME NAME STREET ADDRESS 1224 CANDLELIGHT BOULEVARD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL 34601** ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE 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 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE: