2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # \$21511** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name TREASURE CHEST LONGWOOD/LAKE MARY, INC. 04-10-2000 90051 050 ***150.00 Mailing Address Principal Place of Business 714 SAVAGE COURT 714 SAVAGE COURT LONGWOOD FL 32750-4913 LONGWOOD FL 32750 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3049163 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NACKINO, ANN T Street Address (P.O. Box Number is Not Acceptable) 714 SAVAGE CT LONGWOOD FL 32750 Zip Code City FL 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees M Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change Addition ☐ Delete TITLE TITLE NACKINO, ANN T NAME STREET ADDRESS STREET ADDRESS 714 SAVAGE COURT CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Addition ☐ Change ☐ Delete TITLE **VPT** NAME NAME NACKINO, PAUL STREET ADDRESS STREET ADDRESS 714 SAVAGE COURT CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32750 ☐ Change Addition Delete TITLE TITLE 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 ☐ Defete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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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 of 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 repeiver 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:**

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CITY-ST-ZIP