FILED 2003 FOR PROFIT CORPORATION Apr 18, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR) DOCUMENT #** S24280 04-18-2003 90456 045 ***150.00 1. Entity Name PIERMAR INVESTMENTS, INC. Principal Place of Business Mailing Address 3717 S. ATLANTIC AVE. 3717 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32127 32118 DAYTONA BEACH SHORES FL 32127 32118 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 59-3047292 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JONCAS, MARILYN 👓 🖦 . Street Address (P.O. Box Number is Not Acceptable) 3717 S. ATLANTIC AVE. DAYTONA BEACH SHORES FL 32-127 32-118 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. ☐ Addition TITLE Delete TITLE ☐ Change NAME JONCAS, MARILYN I. NAME 3717 SO ATLANTIC AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DAYTONA BCH FL CITY-ST-ZIP Delete TITLE ☐ Change Addition NAME NAME

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12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP