2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # \$35538 May 16, 2000 8:00 am 1. Entity Name OCTA-STRUCTURE INTERNATIONAL, INC. Secretary of State 05-16-2000 90133 001 ***150.00 Mailing Address Principal Place of Business 2516 WEST 23RD STREET 2516 WEST 23RD STREET PANAMA CITY FL 32405 PANAMA CITY FL 32405-2361 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0220096 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name COATNEY, J.F. JR. Street Address (P.O. Box Number is Not Acceptable) 2516 WEST 23RD STREET PANAMA CITY FL 32405 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 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 11. OFFICERS AND DIRECTORS 12. **DPVS** Delete TITLE ☐ Change Addition TITLE COATNEY, J. F. JR NAME NAME STREET ADDRESS STREET ADDRESS 2516 W 23RD ST CITY-ST-ZIP CITY - ST-719 PANAMA CITY FL ☐ Addition ☐ Delete ☐ Change TITLE TITLE COATNEY, REBECCA S. NAME NAME STREET ADDRESS STREET ADDRESS 2516 W 23RD ST CITY-ST-ZIP CITY-ST-ZIP PANAMA CITY FL 32405 ☐ Addition - - - 🔲 Change ☐ Delete TITLE 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 TITLE ☐ Delete ☐ Change Addition 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-7IP 13. 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 of 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.

URE: SIGNANURE AND TREE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Daytime Prome #