2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # S51014 May 19, 2000 8:00 am Secretary of State 1. Entity Name PENGUIN SERVICES. INC. 05-19-2000 90007 008 ***150.00 Mailing Address Principal Place of Business PO BOX 437 8940 BUNKER HILL RD PARRISH FL 34219-0437 DUETTE FL 33834 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3065910 Not Applicable \$8.75 Additional Country Zip Country 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 LEE, TRACY A Street Address (P.O. Box Number is Not Acceptable) 7802 NUNDY AVENUE APT I GIBSONTON FL 33435 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. 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 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition Delete TITLE TITLE LEE, TRACY NAME NAME 7802 NUNDY AVE APT I STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **GIBSONTON FL** CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE COLLINS, LEWIS NAME 1971 W LUMSDEN RD 170 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-7IP Change Addition ☐ Delete TITLE TITLE VTSD COLLINS: DEBORAH-NĀME NAME 1971 W LUMSDEN RD 170 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BRANDON FL 33511 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 like empowered.

DEBORAH COLLINS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: