2000 UNIFORM BUSINESS REPORT (UBR) FILED May 31, 2000 8:00 am Secretary of State **DOCUMENT # \$74597** BAUER INTERNATIONAL INC. 05-31-2000 90011 003 ***150.00 Mailing Address Principal Place of Business OUT OF SIGHT BEDS OUT OF SIGHT BEDS 226 CENTER ST. STE. A6-B 226 CENTER ST. STE. A6-B JUPITER FL 33458-4365 HIPITER FL 33458 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0288522 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name BAUER, ROBERT Street Address (P.O. Box Number is Not Acceptable) 19775 EARLWOOD DR JUPITER FL 33458 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE Delete TITLE BAUER, ROBERT NAME NAME 146 PENNOCK TRACE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP JUPITER FL Addition □ Delete TITLE NAME BAUER, ESTHER NAME STREET ADDRESS 146 PENNOCK TRACE DRIVE STREET ADDRESS CITY-ST-ZIP Jupiter FL 33458 Addition ☐ 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 ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF

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 of the 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.

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

5/5/00 561744-1349

☐ Addition

Change