2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # \$77652** SAUTTER ENTERPRISES INC 03-15-2000 90107 044 ***150.00 Mailing Address Principal Place of Business 2505 MOODY BLVD 2505 MOODY BLVD FLAGLER BEACH FL 32136-4407 FLGLER BEACH FL 32136 2. Principal Place of Business 3. Mailing Address 25 PALM HARBOR VILLAGE WAY 25 PALM HARBOR VILLAGE WAY W Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 3 SUITE 3 City & State City & State PALM COAST FL 4. FEI Number Applied For 59-3091576 PALM COAST FL Not Applicable Country Zip ! Country \$8.75 Additional 5. Certificate of Status Desired П 32137-8263 Fee Required 32137-8263 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SAUTTER, DAUN Street Address (P.O. Box Number is Not Acceptable) XX5925 MORTH OCEAN SHORE BLVDXX 4 FERDINAND LA. PALM COAST FL 32637 City Zip Code 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME SAUTTER, RICHARD STREET ADDRESS FERDINAND Ln. STREET ADDRESS 2505 MOODY BLVD CITY-ST-ZIP CITY-ST-7IP FLGLER BEACH FL ALM COAST FL 32037 ☐ Addition ☐ Delete TITLE TITLE NAME SAUTTER, DAUN NAME FERDINAND Ln. STREET ADDRESS STREET ADDRESS 2505 MOODY BLVD PALM COAST FL 32**0**37 CITY-ST-7IP CITY-ST-ZIP FLGLER BEACH FL Detete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ De ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone *