2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 5,99908 Apr 19, 2000 8:00 am Secretary of State Employee Stopping CLUB, INC. 04-19-2000 90094 015 ***150.00 5327 NW DINT COURT SAME APT #4 80066988 LAUDERHILL, FL 33313 3. Mailing Address SAMC 2. Principal Place of Business 2. Principal Place of Business 53a7 NWZIST CUVT DO NOT WRITE IN THIS SPACE City & State AMENIALL PL Country Applied For 65-0310/8/ Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent Fee Required 7. Name and Address of New Registered Agent RICKY D. LEWIS 5329 NW21ST COUST Street Address (P.O. Box Number is Not Acceptable) . APT.#4 LAUDERHILL.FL33313 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550,00 Tax tiling 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 OFFICERS AND DIRECTORS 12. 11. RICKY D. LCWIS (PRESIDENT) Delete ☐ Addition ☐ Change TITLE 5327 WW DIST COURT NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIF ☐ Addition ☐ Change TITLE DALE ROBINSON 531 PENNSYLVANIA DRIVE NAME NAME STREET ADDRESS STREET ADDRESS FT. LAUSON BALF, FL. 33312 CITY-ST-ZIP. CITY-ST-ZIP Change ☐ Addition TITLE TITLE ANTHONY L. KING 4341 NW 35 TH ANK LANGERDAGE LAKES, FC. 33309 RICKY D. LEWIS NAME NAME 5327 NW ZIST COULT LANDER HILL, FE. 33313 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZIP Change ☐ Addition TREASURER TITLE TITLE RICKY D.LEWIS 5327 NW ZIST COUNT KEITH BROWN NAME NAME 221 S.W. 28TH TERK STREET ADDRESS STREET ADDRESS LANDORHILL, CL. 33313 CITY-ST-7IP FT. LANDERDAGE, FC. 33312 CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: ...