2000 UNIFORM BUSINESS REPORT: (UBR)

FILED DOCUMENT # V12763 Apr 17, 2000 8:00 am Secretary of State 1. Entity Name CALYPSO TROPICAL, INC. 04-17-2000 90139 005 ***150.00 Principal Place of Business Mailing Address 6801 LAKE WORTH RD 6801 LAKE WORTH RD LAKE WORTH FL 33467-2965 LAKE WORTH FL 33467 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0310383 Not Applicable \$8.75 Additional Zip Country 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 MANCINO, ROBERT Street Address (P.O. Box Number is Not Acceptable) 6801 LAKE WORTH RD 108 LAKE WORTH FL 33467 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 \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition ☐ Delete TITI.E TITLE VOLK, C. RON NAME NAME 138 PARKWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROYAL PALM BEACH FL CITY-ST-ZIP [] Change ☐ Addition ☐ Delete TITLE TITLE volk, ronnie L NAME 138 PARKWOOD DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ROYAL PALM BEACH FL ☐ Change ☐ Addition TITLE TITLE Delete MANCINO, ROBERT NAME NAME 6801 LAKE WORTH RD. # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F 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-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP indicated on this report or suppliemental report is true and of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all other contents of the corporation or the receiver or trustee empowered to changed, or on an attachment with an address, with all other contents of the corporation of the corporatio does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied all other like empowered. SIGNATURE:

Daytime Phone #