2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # V37042** May 23, 2000 8:00 am 1. Entity Name **Secretary of State** DARUMA OF SARASOTA, INC. 05-23-2000 90193 007 ***150.00 Principal Place of Business Mailing Address 316 SARASOTA QUAY 316 SARASOTA QUAY **SARASOTA FL 34236-4861** SARASOTA FL 34236 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0341709 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 CHANG, TONY J. Street Address (P.O. Box Number is Not Acceptable) 241 CENTER STREET NAPLES FL 33963 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 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 TITLE ☐ Delete TITLE CHANG TONG J. 2374 TURNBURRY COURT, CHANG, TONY J. NAME NAME 550 ANCHOR RODE DRIVE STREET ADDRESS STREET ADDRES CITY-ST-ZIP NAPLES FL CITY-ST-ZIP Change Addition TITI F ☐ Delete TITLE CHANG, HSIN-TING NAME NAME 550-ANCHOR RODE DRIVE STREET ADDRESS STREET ADDRES NAPLES FL CITY-ST-202 CITY-ST-ZIP Delete TITLE Addition CHANG, LIN HUEI-YI NAME NAME 550 ANCHOR RODE DRIVE STREET ADDRESS STREET ADDRESS NAPLES FL CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 3.我们上一直,"我没想 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition 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.

NO OFFICER OR DIRECTOR

Daytime Phone #