2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # V43176** May 03, 2000 8:00 am Secretary of State COAST TO COAST YOGURT, INC. 05-03-2000 90012 009 ***150.00 Mailing Address Principal Place of Business P.O. BOX 3319 3800-S. TAMIAMI TRAIL SARASOTA FL 34230-3319 SARASOTA FL 34238-Principal Place of Business LAKE DR. DO NOT WRITE IN THIS SPACE PALLY STEDESERT, CA. 4. FEI Number Applied For 65-0337689 Not Applicable \$8.75 Additional 72260 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FEORGE VIFAMIG-LIO, JR MATISSE, CARL S Street Address (P.O. Box Number is Not Acceptable) 3800-S: TAMIAMI-TRAIL 1634 MAIN ST. #100-SARASOTA FL-34239 statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named a SIGNATURE (NOTE: Registered Agent signature required when reinstating) d agent and title if applicable 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. MATISSE, CARLS DR. JOI WILLOW PAKE DR. ALM DESERT, (A 92260 Addition ☐ Delete TITLE TITLE MATISSE, CARL S NAME 3800-S.-TAMIAMI-TRAIL, STE-100 STREET ADDRESS STREET ADDRESS SARASOTA FL 34239 CITY-ST-ZIP CITY-ST-ZIP MATISSE, JEAN 101 WILLOW LAKE DR. PALM DESERT, CA. 92260 ☐ Addition ☐ Delete TITLE TITLE MATISSE, JEAN NAME 3800 S. TAMIAMI TRAI, STE 100 STREET ADDRESS STREET ADORESS CITY-ST-ZIP SARASOTA FL 34239 CITY-ST-ZIP TITLE ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change Addition Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the informal indicated on this report of supp of the corporation or the changed, or on an attac

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

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