2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # V59058 May 03, 2000 8:00 am 1. Entity Name Secretary of State ROSS TEIGEN, LUTHIER, INC. 05-03-2000 90114 032 ***150.00 Principal Place of Business Mailing Address 4744 GOLDEN GATE PARKWAY P.O. BOX 990421 NAPLES FL 34116-6065 NAPLES EL 33999 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3084003 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TEIGEN, ROSS Street Address (P.O. Box Number is Not Acceptable) 830 11TH STREET, NW NAPLES FL 33964 City Zin 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. (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 11. OFFICERS AND DIRECTORS 12. ☐ Change TITLE ☐ Defete TITLE TEIGEN, ROSS NAME NAME STREET ADDRESS STREET ADDRESS 830 11TH STREET NW CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 33964 Change ☐ Addition TITLE ☐ Delete TEIGEN, JULIE NAME NAME STREET ADDRESS STREET ADDRESS 830 11TH STREET NW CITY-ST-ZIP City-St-7IP NAPLES FL 33964 Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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 THE DESIGNATION OF SIGNING OFFICER OR DIRECTOR

4-24-00

941 455-0017

Daytime Phone #