SIGNATURE:

2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2000 8:00 am Secretary of State **DOCUMENT # 375717 BULLARD & ASSOCIATES, INC.** 01-29-2000 90132 003 ***150.00 Mailing Address Principal Place of Business 1010 PELICAN BAY DR 1010 PELICAN BAY DR DAYTONA BEACH FL 32119-9700 DAYTONA BEACH FL 32119 2. Principal Place of Business 3. Mailing Address 138 Lynwood Lane Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. (170<u>14</u> 48-111 City & State 4. FEI Number Applied For City & State 59-1312594 Not Aprilliand Ormond Beach, FLZip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 32174 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name BULLARD GARY E Street Address (P.O. Box Number is Not Acceptable) 138 Lynwood Lane 1010 PELICAN BAY DR Ormond Beach, FL 32174 DAYTONA BEACH FL 32119 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. 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 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PD ★ Change ☐ Addition ☐ Delete TITLE TITLE BULLARD, GARY E NAME NAME 1010 PELICAN BAY DR STREET ADDRESS 138 Lynwood Lane STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ormond Beach, FL 32174 DAYTONA BEACH FL 32119 Delete ☐ Addition TITLE TITLE BULLARD, BLANCHE A NAME 138 Lynwood Lane STREET ADDRESS 1010 PELICAN BAY DR STREET ADDRESS Ormond Beach, FL 32174 CITY-ST-ZIP CITY-ST-7IF DAYTONA BEACH FL 32119 ☐ Change Addition TITLE ☐ Delete TITLE 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-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITI F NAME STREET ADDRESS STREET ADDRESS 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.

904-672-2701

Daytime Phone #