2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 28, 2002 8:00 am Secretary of State DOCUMENT # F12376 1. Entity Name BUDGET ENTERPRISES, INC. 05-28-2002 91726 024 ***150 00 Principal Place of Business Mailing Address 902 E. NORTH BLVD 902 E. NORTH BLVD DUSCONT P. O. BOX 626 P. O. BOX 626 OKAHUMPKA FL 34762-0626 OKAHUMPKA FL 34762-0626 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2159778 Not Applicable Zip Country 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 CASON, MARY JANE Street Address (P.O. Box Number is Not Acceptable) FOURTH ST. **OKAHUMPKA FL 34762** City KAHUMPKA 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete ☐ Addition CASON, RAYMOND T NAME NAME 27340 MagNoLIA ST OKAHUMPKA , FL, 34762 STREET ADDRESS FOURTH ST. STREET ADDRESS CITY-ST-7iP OKAHUMPKA, FL 34762 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME FUSSELL, VICTORIA M NAME STREET ADDRESS 125 ETHRIDGE MILL RD STREET ADDRESS CITY-ST-ZIP MILNER GA 30257 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition CASON, MARY JANE 27340 MAGNOLIA ST OKAHUMPKA FL 34762 STREET ADDRESS FOURTH ST. STREET ADDRESS CITY-ST-ZIP OKAHUMPKA, FL 34762 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-7IP

CR2E034 (9/01