2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 31, 2000 8:00 am **DOCUMENT # G61800 Secretary of State** CODESCO CORPORATION 03-31-2000 90046 042 ***150.00 Mailing Address Principal Place of Business 2959 FIRST AVENUE NORTH 2959 FIRST AVENUE NORTH ST. PETERSBURG FL 33713-8605 ST. PETERSBURG FL 33713 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2342499 Not Applicable \$8.75 Additional Ζiρ 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 BACON, DAVID A. Street Address (P.O. Box Number is Not Acceptable) 2959 FIRST AVE. N. ST. PETERSBURG FL 33713 Zip Code City 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. X Change Addition TITI F ☐ Delete TITLE PRESSON, EDWARD NAME Coffey, Sarah L. NAME STREET ADDRESS STREET ADDRESS 50 SE 123 STREET ROAD 7017 Rotherwood Drive CITY-ST-ZIP CITY-ST-ZIP OCALA FL Knoxville TN 37919 X Addition Change TITLE X Delete TITLE PRESSON, KATHERINE L. Robert J. Strader, III NAME NAME STREET ADDRESS 50 SE-123 STREET ROAD STREET ADDRESS 106 LaPaloma CITY-ST-ZIP CITY-ST-ZIP OCALA FL Santa Fe. NM 87505 ☐ Addition X Change TD Delete TITLE TITLE TD COFFEY, SARAH L. NAME NAME Presson, Katherine STREET ADDRESS STREET ADDRESS 7017 ROTHERWOOD DR. 50 SE 123 Street Road Ocala, FL 34480 CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE TN ☐ Addition ☐ Change ☐ Delete TITLE MAME Di STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

NAME

Edward

. Delete

☐ Change

☐ Addition