2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 09, 2001 8:00 am **DOCUMENT # J72554** Secretary of State .CLN.CORPORATION...- --- --01-09-2001 90019 046 ***158.75 Mailing Address Principal Place of Business P.O. BOX 6333 P.O. BOX 6333 TITUSVILLE FL 32782-6333 TITUSVILLE FL 32782-6333 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number 59-2821033 City & State Not Applicable =\$8.75 Additional Country Country Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GAULDIN, W. Street Address (P.O. Box Number is Not Acceptable) 219 HARRISON ST. 535 M. WASHINGTON AV TITUSVILLE FL 32780 32796 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 Signature, typed or cointed name of recistered 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 \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. ☐ Addition Change TITLE ☐ Delete TITLE GAULDIN, W. NAME STREET ADDRESS STREET ADDRESS 213 HARRISON STREET CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL ☐ Addition ☐ Change TITLE Delete ST TITLE GAULDIN, W. NAME STREET ADDRESS STREET ADDRESS 213 HARRIGAN STREET CITY-ST-7IP CITY-ST-ZIP TITUSVILLE FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME \equiv STREET ADDRESS STREET ADDRESS CITY-ST-ZIP =CITY: ST-ZIP ☐ Change ■ Addition TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME 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. Jan 04, 2001 ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: