2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 08, 2001 8:00 am **DOCUMENT # L38599 Secretary of State** PRIDE HOLDING, INC. 03-08-2001 90138 002 ***150.00 Principal Place of Business Mailing Address % LINDA J. PEARCE % LINDA J. PEARCE 2139 PALM BEACH LAKES BLVD 2139 PALM BEACH LAKES BLVD W PALM BEACH FL 33409 W PALM BEACH FL 33409 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 65-0165895 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 David R. True Street Address (P.O. Box Number is Not Acceptable) -- - PEARCE, LINDA-J.-2139 PALM BEACH LAKES BLVD 2139 Palm Beach Lakes Blvd. W PALM BEACH FL 33409 We<u>st Palm Beach</u> 8. The above named entire within this statement for the our pose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. TITLE Delete ☐ Change Addition IIILE DST SEARCY, CHRISTIAN D. David R. True NAME NAME 2139 PALM BEACH LAKES 2139 Palm Beach Lakes Blvd. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP W. Palm Beach, FL 33409 TITLE ☐ Delete TITLE ☐ Addition DENNEY, EARL L., JR. NAME NAME STREET ADDRESS 2139 PALM BEACH LAKES STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP DST TITLE Delete TITLE _ Addition PEARCE, LINDA J. NAME NAME 2139 PALM BEACH LAKES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 and ess, with all other like empowered.

FILED