FILED

2003 FOR PROFIT CORPORATION

Apr 11, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** DOCUMENT # P02000049691 1. Entity Name 04-11-2003 90075 009 ***150.00 LITTLE BUD, INC. Principal Place of Business Mailing Address 78 KASHMIR TRAIL 78 KASHMIR TRAIL PALM COAST FL 32164 PALM COAST FL 32164 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For Not Applicable Zio Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ひんしかり ひ NOWELL, SIDNEY M ESQ Street Address (P.O. Box Number is Not Acceptable) 4 OLD KINGS ROAD STE B PALM COAST FL 32137 Sushing (cas) Zip Code (10657 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. I am familiar with, and accept the obligations of registered agent.: SIGNATURE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME HUTSON, THOMAS D STREET ADDRESS STREET ADDRESS 78 KASHMIR TRAIL CITY-ST-ZIP CITY-ST-7IP PALM COAST FL 32164 TITLE ☐ Delete TITLE Change Addition NAME NAME PRICE-HUTSON, MAUREEN S STREET ADDRESS STREET ADDRESS **78 KASHMIR TRAIL** CITY-ST-ZIP CITY-ST-ZIP PALM COAST FL 32164 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-7IP TITLE Delete ■ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP