2003 FOR PROFIT CORPORATION

Apr 23, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR** P03000000039 DOCUMENT # 04-23-2003 90240 045 ***150.00 1. Entity Name HOLLAN ENTERPRISE, INC. Principal Place of Business Mailing Address 3081 NAUTILUS ROAD 3081 NAUTILUS ROAD MIDDLEBURG FL 32068 MIDDLEBURG FL 32068 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number -0041623 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 Name KIRKSEY, CHARLIE Street Address (P.O. Box Number is Not Acceptable) 3081 NAUTILUS ROAD MIDDLEBURG FL 32068 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change ☐ Addition TITLE Delete TITLE NAME NAME HOLLENBACHER, PAUL STREET ADDRESS STREET ADDRESS 545 COZYBROOK LANE CITY-ST-ZIP CITY-ST-ZIP ORANGE PARK FL 32003 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LANOUX, JR., CAROL STREET ADDRESS STREET ADDRESS 2119 ORANGEWOOD STREET CITY-ST-ZIP CITY-ST-ZIP MIDDLEBURG FL 32068 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME KIRKSEY, CHARLIE STREET ADDRESS STREET ADDRESS 3081 NAUTILUS ROAD C!TY-ST-ZIP CITY+ST-ZIP MIDDLEBURG FL 32068 ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS

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 attaching the with an address, with all other like empowered.

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