## 2002 UNIFORM BUSINESS REPORT (UBR)

## FILED Apr 26, 2002 8:00 am Secretary of State P95000048779 DOCUMENT # 1. Entity Name 04-26-2002 90008 016 \*\*\*150.00 C3P2, INC. Mailing Address Principal Place of Business P.O. BOX 942 104 E HY 98 DESTINE FL 32540 DESTIN FL 32540 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3313234 Not Applicable \$8.75 Additional Country Zip 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 THURSTON, PATRICIA M Street Address (P.O. Box Number is Not Acceptable) 724 SPRING LAKE DRIVE DESTIN FL 32541 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME THURSTON, PATRICIA M NAME STREET ADDRESS STREET ADDRESS 724 SPRING LAKE DR. CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ☐ Addition TITLE Change ☐ Delete TITLE ST NAME NAME THURSTON, MARLAND C STREET ADDRESS STREET ADDRESS 724 SPRING LAKE DRIVE CITY-ST-ZIP CITY-ST-ZIP DESTIN FL 32541 ^ - ☐ Change - - - ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete 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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP