FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2002 8:00 am Secretary of State DOCUMENT # P95000062853 1. Entity Name 04-23-2002 90395 003 ***150.00 401/411 BAYLEN, INC. Principal Place of Business Mailing Address 601 S. PALAFOX STREET PO BOX 12725 PENSACOLA FL 32501 PENSACOLA FL 32575 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3334696 Not Applicable Zip Zip Country 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 CARR, JOHN S Street Address (P.O. Box Number is Not Acceptable) **601 S. PALAFOX STREET** PENSACOLA FL 32501 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE CR2E034 (9/01) Change ☐ Addition CARR, JOHN S NAME NAME STREET ADDRESS 601 S. PALAFOX STREET STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition RUSSENBERGER, RAY D NAME NAME STREET ADDRESS PO BOX 12063 ((N//A)) STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32590 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME MORETTE, RICHARD P STREET ADDRESS 1201 N. TARRAGONA ST STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NICKELSEN, ERIC J NAME NAME STREET ADDRESS 3410 NORTH 18TH AVE STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32503 CITY-ST-7/P TITLE ☐ Delete TITLE Change ☐ Addition NAME CHADBOURNE, EDWARD M JR NAME STREET ADDRESS 17 W CEDAR ST SUITE 3 STREET ADDRESS CITY-ST-ZIP PENSACOLA FL 32501 CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

July John S. Carr, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 a address, with all other like empowered.

4/11/02

(850) 434-2244

Daytime Phone #