FILED May 15, 2001 8:00 am Secretary of State

1. Entity Name MATHER	05-15-2001 90043 025 ***150.00											
Principal Place 701 17TH AVE. BRADENTON FL US	W	Mailing Address 3931 N. WASHINGTON BLVD SARASOTA FL 34234			AUUERUSD							
2. Principal Place of Business		3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.					DO NOT W	RITE IN TH	HIS SPAC	E		
City & State		City & State			4. FEI	Number	59-0219	170			plied For t Applicable]
Zip	Country	Zip	Coun	try	5. Cer	rtificate of	Status Desire	d 🔲	\$8.7 Fee F	75 Addi Required	itional	1
	6. Name and Address of Current Re	egistered Agent		NI	7. Nar	ne and Ac	dress of Ne	w Register	ed Agent			
LIND	say, Elizabeth M		Name									
701	17TH AVE W DENTON FL 34205			Street Address	s (P.O. Box	Number is	Not Accept	able)				1
				City				ſ.	Z	ip Code		
8. The above	named entity submits this statement for t	the purpose of changing its	register	ed office or regist	tered agen	t, or both,	n the State o	f Florida.				1
SIGNATURE _	Signature, typed or printed name of registered agent en	d title if applicable. (NOT	E-Registere	d Agent's gnature requi	ired when reins	tating)		DA	Œ			
Tax filing r	oration is eligible to satisfy its Intangible requirement and elects to do so. ria on back)	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta			I If ust Eurod Contribution II Added to Ease I							
11.	OFFICERS AND D	IRECTORS	12.		ADDI	TIONS/CH	ANGES TO	OFFICERS.	AND DIR	ECTORS	3 IN 11	
TITUE NAME STREET ADDRESS CITY-ST-ZIP	DV BOOZER, ELIZABETH 2395 LIVELY TRAIL NE ATLANTA, GA 00000	☐ Delete								Change	Addition	CR2E034 (10/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LINDSAY, ELIZABETH M 701 17TH AVE. WEST BRADENTON, FL 00000 34205	☐ Delete								Change	☐ Addition	CR2
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Warren, Judith L. 2395 Lively Trail Atlanta ga	□ Delete								Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDSAY, COTTON M 222 SIRRINE HALL CLEMSON SC 29634	☐ Deleta		1						Change	Addition	
TITLE NAME STREET AODRESS CITY-ST-ZIP		☐ Delete								Change	Addition	
NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with I	☐ Delete	CII	ME EET ADDRESS Y-ST-Z:P						Change	☐ Addition	

13. I nereby 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 adjustment with an address, with all other liberatures.

SIGNATURE: GIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF ARECT

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 117929

4/27/0; 941-748-