FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 09, 2001 8:00 am Secretary of State **DOCUMENT # 271120** JIMMIE VICKERS, INC. 01-09-2001 90049 018 ***150.00 Principal Place of Business Mailing Address 535 E MERRITT ISLAND CAUSEWAY 535 E MERRITT ISLAND CAUSEWAY V0008133 MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-1008842 Not Applicable Country \$8.75 Additional 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 VICKERS.CHARLES A Street Address (P.O. Box Number is Not Acceptable) 535 E MERRITT ISLAND CSWY. **MERRITT ISLAND FL 32952** Zip Code City FI 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 \$5.00 May Be Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so 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 11. CR2E034 (10/00) Addition PDV Delete TITLE VICKERS, CHARLES A NAME STREET ADDRESS **570 JILLOTUS ST** STREET ADDRESS CITY-ST-ZIP MERRITT ISLAND, FL 00000 32952 CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition DST VICKERS, BETTY I NAME STREET ADDRESS STREET ADDRESS **570 JILLOTUS ST** CiTY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND, FL 00000 32952 Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with any address, with all other like experienced.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

=:::.

= ::: 4":