2000 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2000 8:00 am Secretary of State **DOCUMENT # 324622** SOUTH DAYTONA INVESTMENT CORPORATION 03-20-2000 90144 029 ***150.00 Principal Place of Business Mailing Address 1975 RIDGEWOOD AVE 1975 RIDGEWOOD AVE S DAYTONA FL 32019 S DAYTONA FL 32119-8429 P1105009 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 59-1258942 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name **BULLOCK, THOMAS E** Street Address (P.O. Box Number is Not Acceptable) 1975 RIDGEWOOD AVE SO DAYTONA FL 32019 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. DATE (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE **BULLOCK.THOMAS E** NAME NAME STREET ADDRESS STREET ADDRESS 919 SANDCREST DR. CITY-ST-ZIP CITY-ST-ZIP PORT ORANGE FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition **BULLOCK, JOSEPH** NAME NAMÉ STREET ADDRESS 1975 SO. RIDGEWOOD AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SO DAYTONA FL ☐ Addition TITLE ☐ Defete_ TITLE NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ 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

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

SIGNATURE:

FILED