2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State DOCUMENT # 384336 1. Entity Name 05-19-2002 90043 006 ***150 00 EL RANCHO NO TENGO, INC. Mailing Address Principal Place of Business 1400 OLD COUNTRY CLUB ROAD 420430 1400 OLD COUNTRY CLUB ROAD LAKE CITY FL 32025 LAKE CITY FL 32025 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE! Number City & State City & State 59-1351704 Not Applicable \$8.75 Additional Zip 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 HILL, JEFFREY L. Street Address (P.O. Box Number is Not Acceptable) 1400 OLD COUNTRY CLUB RD. LAKE CITY FL 32025 Zip Code City 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 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. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. (9/01)☐ Addition ☐ Delete TITLE TITLE P/D NAME NAME HILL, JEFFREY L SR. CR2E034 STREET ADDRESS STREET ADDRESS 1400 OLD COUNTRY CLUB RD CITY-ST-ZIP CITY-ST-7IP LAKE CITY FL 32025 ☐ Addition Change ☐ Delete TITLE NAME HILL, LINDA P STREET ADDRESS STREET ADDRESS 1400 OLD COUNTRY CLUB RD CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 Change --Addition TITLE -Delete - ---D^ NAME NAME HARTLEY, TIMOTHY STREET ADDRESS STREET ADDRESS 649 PENNSYLVANIA AVE CITY-ST-ZIP CITY-ST-ZIP LAKE CITY FL 32025 Change ☐ Addition ☐ Delete 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-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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

FILED

ECONEFEREN L. Hill SR. 4-26-02
SIGNING OFFICER OR DIRECTOR