2001 UNIFORM BUSINESS REPORT (UBR)

Sep 12, 2001 8:00 am Secretary of State **DOCUMENT #** 434667 1. Entity Name 09-12-2001 90018 010 ***550.00 JIM HOWZE CORPORATION Principal Place of Business Mailing Address 1701-606 GULF MEXICO DR 1701-606 GULF MEXICO DR LONGBOAT KEY FL 34228 LONGBOAT KEY FL 34228 2. Principal Place of Busines DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-1506263 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HOWZE JAMES A HOWZE, JAMES A

1201-006 GULF MEXICOLDR P.O. BX 578

LONGBOAT KEY FL 34228 - Samuela, 71 34230 Street Address (P.O. Box Nun 8. The above named entity submits this statement for the purpose of changing its registered office or registered ARASOTA, ZR 34230 SIGNATURE 9. This corporation is eligible to satisfy its intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After September 12, 2001 Fee will be \$750.00 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. CROF034 (5/01) TITLE **PSTD** ☐ Delete Addition NAME HOWZE, JAMES A. NAME 1701-606 GULF MEXICO DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 ☐ Addition ☐ Delete TITLE TITLE NAME NAME HOWZE, JAMES A STREET ADDRESS STREET ADDRESS 1701-606 GULF MEXICO DR CITY-ST-ZIP CITY-ST-ZIP LONGBOAT KEY FL 34228 TITLE ☐ Delete TITLE ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP □ Delete ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 of the corporation or the receiver or trustee empowered to execute this repochanged, or on an attachment with an address, with all other like empower

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIE