2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 449282 Jan 20, 2000 8:00 am 1. Entity Name **Secretary of State** MILES S. JUDAH, INC. 01-20-2000 90141 006 ***150.00 Principal Place of Business Mailing Address 1520 W PALMETTO ST 1002 S. FLORIDA AVE. BOX 427 BOX 427 WAUCHULA FL 33873 WAUCHULA FL 33873-0427 704145 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1540390 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUDAH, MILES S. Street Address (P.O. Box Number is Not Acceptable) 1520 W PALMETTO ST. WAUCHULA FL 33873 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. 12. ☐ Change ☐ Addition Delete TITLE TITLE JUDAH, MILES S. NAME STREET ADDRESS STREET ADDRESS 1520 W PALMETTO ST. CITY-ST-ZIP CITY-ST-7iP WAUCHULA FL ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME JUDAH, SUZANNE M NAME STREET ADDRESS STREET ADDRESS 1520 W PALMETTO ST. CITY-ST-7IP CITY-ST-ZIP WAUCHULA FL ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Dayline Phone #