## 2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # 462330** 1. Entity Name NOTTUS, INCORPORATED 04-16-2001 90041 007 \*\*\*150.00 Principal Place of Business Mailing Address 2174 HARRIS AVE NE STE #5 2174 HARRIS AVE NE STE #5 P.O. BOX 060250 P.O. BOX 060250 PALM BAY FL 32906-0250 PALM BAY FL 32906-0250 2. Principal Place of Business 3. Mailing Address P.O. BOX 060250 2174 Harn's Avenue NE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 1 City & State City & State 4. FEI Number Applied For 59-1649364 Florida -Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired us A 32906-0250 Fee Required 32905 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPIRA, JACK B. Street Address (P.O. Box Number is Not Acceptable) 5205 BABCOCK ST NE PALM BAY FL 32905 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable (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, 2001 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 12. 11. ☐ Addition Change ☐ Delete TITLE TITLE SUTTON, FRED E. NAME NAME STREET ADDRESS 2174 HARRIS AVE NE #5 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BAY FL Change ☐ Delete TITLE ☐ Addition TITLE SUTTON, HAROLD S. NAME NAME STREET ADDRESS 11208 LONGWOOD CRT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BRADENTON FL** ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS C!TY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change TITLE Delete TITLE Addition

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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

321-125-1240