2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # 463947** JUDGE & WARREN, P.A. 04-25-2000 90035 050 ***150.00 Principal Place of Business Mailing Address --- SILVER BEACH AVENUE 315 SILVER BEACH AVENUE DAYTONA BEACH FL 32118-4839 BEACH FL 32118 2. Principal Place of Business 3. Mailing Address 315 Silver Beach Ave. 315 Silver Beach Ave. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite A Suite A Applied For 4. FEI Number City & State City & State 59-1559852 Not Applicable Daytona Beach, FL Daytona Beach, FL Country \$8.75 Additional Zip Country 5. Certificate of Status Desired UŚA 32118 Fee Required 32118 USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WARREN, DAN R. Street Address (P.O. Box Number is Not Acceptable) 315 SILVER BCH AVE. DAYTONA BCH FL 32118 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. SIGNATURES TO THE STATE OF THE 9. This corporation is eligible to satisfy its intangible After MAY 1, 2000 Fee will be \$550.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete ☐ Change TITLE WARREN, DAN R NAME STREET ADDRESS 315 SILVER BEACH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAYTONA BEACH FL ☐ Change Addition TITLE Delete NAME MANNING, LINDA L NAME STREET ADDRESS STREET ADDRESS 2379 OLD TOMOKA ROAD CITY-ST-ZIP CITY-ST-ZIP ORMOND BCH, FL 00000 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-ZIF CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE 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-7IP 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 attackment with an address, with all other like empowered.

President

DATATURE AND TWEE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

(904) 253–5612

Daytime Phone t