2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # 463947 1. Eatity Name JUDGE & WARREN, P.A. 04-25-2001 90376 030 ***150.00 Mailing Address Principal Place of Business 315 SILVER BEACH AVENUE 315 SILVER BEACH AVENUE SUITE A SHITE A DAYTONA BEACH FL 32118 DAYTONA BEACH FL 32118 US 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 59-1559852 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) CATE Signature, typed or printed name of registered agent and title 1 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, 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. CR2E034 (10/00) PD Change Addition ☐ Delete TIT! E TITLE WARREN, DAN R NAME MAME 315 SILVER BEACH AVE. STREET ADDRESS STREET ADDRESS CITY - ST - Z!P DAYTONA BEACH FL CITY-ST-ZIP Change Addition Delete TITLE TITLE MANNING, LINDA L NAME NAME STREET ADDRESS 2379 OLD TOMOKA ROAD STREET ADDRESS CITY-ST-ZIP ORMOND BCH, FL 00000 CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete THILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-Si-ZIP CITY-ST-ZIF ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Channe ☐ Delete STILLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY -S1-ZIP

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 of the receiver or trustee empowered to execute his report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attackiment with an action of the fike of powered.

SIGNATURE

SIGNATURE AND TYPED OF PROTED NAME OF SIGNING OFFICER OR DIRECTOR DAN R. Warren, President

4/19/01

(386) 253-5612

Daytime Phone #