3/1

FILED
Apr 11, 2003 8:00 am
Secretary of State
03-19-2003 90141 047 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

55024542

DOCUMENT #466470

1. Entity Name
SITZ PROPERTIES, INC.

Principal Place of Business	Mailing Address
1627 SOUTH BYRON BUTLER PKWY. PERRY, FL 32348	1627 SOUTH BYRON BUTLER PKWY. PERRY, FL 32348

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-1566289 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
SITZ, BOBBY E
1627 SOUTH BRYAN BUTLER PARKWAY
PERRY, FL 32347
delete

7. Name and Address of New Registered Agent
Name: Connie S. Ewing
Street Address (P.O. Box Number Is Not Acceptable): 3825 Kimmer Rowe DR.
City: Tallahassee FL Zip Code 32309

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Connie S. Ewing DATE: 04/08/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

[redacted]

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SITZ, BOBBY EUGENE 1627 S BRYAN BUTLER PKWY PERRY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SITZ, Bobby Eugene 1627 S. Bryron Butler PKWY. Perry, FL (PRESident)	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SITZ, LOIS MONDY 1627 S BRYAN BUTLER PKWY PERRY, FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EWING, CONNIE S. 3825 Kimmer Rowe DR. (V.P.)-Sec. Tallahassee, FL 09 Treas.	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Connie S. Ewing, V.P / Sec. 3/14/03 (850) 422-7724
(850) 893-2513
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #