2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 25, 2001 8:00 am Secretary of State **DOCUMENT # 470290** 1. Entity Name HAMBLEN WHOLESALE, INC. 01-25-2001 90125 009 ***150.00 Principal Place of Business Mailing Address 2 CHARLES ST. 2 CHARLES ST. **BOX 1568 BOX 1568** LP87UUUU ST. AUGUSTINE FL 32084 ST. AUGUSTINE FL 32084 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1577738 Not Applicable Zip Country Zip 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 GREEN, III H Street Address (P.O. Box Number is Not Acceptable) **2 CHARLES STREET** ST AUGUSTINE FL 32095 Zip Çode 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 (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE TITLE ☐ Addition Delete GREEN, HENRY F. III NAME NAME **2 CHARLES STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32095 CITY-ST-ZIP ☐ Delete Change ☐ Addition HOEFER, DEBRA GREEN NAME **2 CHARLES STREET** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32095 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-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 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.

R DIRECTOR

January 16, 2001