2000 UNIFORM BUSINESS REPORT (UBR)

Mar 15, 2000 8:00 am Secretary of State **DOCUMENT # 483640** SPRUCEWOOD, INC. 03-15-2000 90023 002 ***150.00 Mailing Address Principal Place of Business 632 N. BEACH ST. 632 N. BEACH ST. ORMOND BEACH FL 32174 ORMOND BEACH FL 32174-4033 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suité, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1631262 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WINTON, RONALD H Street Address (P.O. Box Number is Not Acceptable) 632 N. BEACH ST. ORMOND BEACH FL 32174 Zip Code ۴L 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 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12, 11. ☐ Addition ☐ Delete TITLE TITLE WINTON, RONALD H NAME STREET ADDRESS 632 N. BEACH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORMOND BEACH FL 32174 Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE — Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS 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 eath, 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.

SIGNATURE:

FO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rovald 4. Win702-3-9-10

615-8030

Daytime Phone #